

DEPARTMENT OF ADVANCED MEDICAL EDUCATION
APPLICANT'S CONSENT AND RELEASE

I, the undersigned, am applying for a residency/ fellowship training program with the Department of Advanced Medical Education (MTO).

I understand that as an applicant, I have the burden of producing adequate information for proper evaluation of my qualifications and for resolving any doubts about my qualifications. I understand that my application will not be processed until it is deemed complete by MTO.

I have the responsibility to keep my application current by informing MTO of any material change or addition to the information I have initially provided to this application of the filing of a lawsuit or other claims against me relating to my competency to practice my Profession. I will provide additional information that may be requested by the organization or its authorized representatives. My failure to provide the information requested, will prevent my application from being evaluated and acted upon.

I attest that the information included in this application is current, complete, accurate, and true. Any misrepresentation, misstatement, or omission from this application, whether intentional or not, may result in an automatic and immediate rejection of my application for appointment.

By applying for the residency/fellowship training program, I hereby:

- Agree to appear for an interview in regard to my application if required;
- Authorize MTO and their representatives to consult with administrators and members of other healthcare facilities/organizations of which I am or have been associated with, or any person who may have information related to my qualifications;
- Agree to provide a signature to assist in verifying my identity and credentials to other institutions;
- Agree that I have disclosed in my application all criminal convictions and any felony charges brought or pending against me. I further authorize MTO and its representatives to request individual, company, firm, corporation or public agency, including law enforcement agencies, to divulge, any criminal records or information, verbal or written, pertaining to me, including information or data received from other sources.

I hereby release from liability to the fullest extent permitted by law all representatives of The Medical City and its Medical/Professional staff for their acts performed and statements made in good faith and without malice within its scope as a review entity. I hereby release from liability any and all third parties who in good faith, and without malice, provide information to the facility/organization concerning my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behaviour or any other matter that might have an effect on my competence, on patient care or on the orderly operation of any hospital or of The Medical City.

I agree to:

- Abide by the bylaws, rules and policies of The Medical City
- Abide by the residency/fellowship rules and regulation and the rules and policies of the department and/or clinical service to which I am assigned
- Adhere to recognized principles governing the practice of medicine, participate in continuing education program which relate, at least in part, granted to me by MTO, and document such participation when requested to do so;
- Observe the highest degree of morality in my relationship with my patients, colleagues and TMC personnel.
- Provide for care for my patients consistent with the standard of practice of my profession, accept committee assignments, accept administrative duties and participate in staffing emergency room service areas in my specialty on a reasonably agreed upon basis if requested to do so;
- Comply with applicable laws, including abstaining from the division of fees or remuneration for referrals under any guise whatsoever;
- Maintain a constructive interest and cooperate in advancing The Medical City as a quality healthcare facility/organization; and;
- Seek consultation by physicians of appropriate clinical experience as needed or requested.

I acknowledge that residency/fellowship training program at MTO are not a right of every licensed professional who makes application for the same.

I understand that:

- My application will be evaluated in accordance with prescribed procedures defined in the residency/fellowship training program.
- All medical staff recommendations relative to my application are subject to the ultimate action of MTO;
- If appointed, my initial appointment shall be provisional for the time period determined by Department of Advanced Medical Education; reappointment remain contingent upon my continued demonstration of professional competence and cooperation, acceptable performance of all responsibilities, as well as the other factors deemed relevant by MTO.
- The provisions of the rules and regulations relating to confidentiality and release from liability are express conditions of my application for residency/fellowship training program.

Signature Over Printed Name / Time and Date
APPLICANT