

13001 E. 17<sup>th</sup> Place, C293 Aurora, Colorado 80045 P: 303-724-6031; F: 303-724-6034

## Acknowledgment of Receipt Allergy and Immunology – Pediatrics Application Materials - Training Year 2023-2024

On the date indicated below, I confirm that I have received an applicant interview folder for the 2023-2024 training year from the Allergy and Immunology – Pediatrics Program, University of Colorado School of Medicine. This folder includes a description of the training program that I have applied to, resident eligibility & selection criteria, program accreditation information, terms, conditions, and benefits, of appointment, and a sample contract.

By signing this document, I affirm that I understand that applicants are responsible for the completeness and accuracy of the information provided to programs, and programs are expected to provide complete and accurate information to interviewees, including a sample contract and all institutional policies regarding eligibility for appointment to a fellowship position. I also affirm I have been informed that any CU SOM offer of employment is contingent upon my successfully passing the necessary criminal background check.

The <u>National Residency Matching Program (NRMP) requirements</u> state that a listing of an applicant by a program on its certified rank order list or of a program by an applicant on the applicant's certified rank order list establishes a binding commitment to offer or to accept an appointment if a match results. Each such appointment is subject to the official policies of the appointing institution in effect on the date the program submits its rank order list and is contingent upon the matching applicant meeting all eligibility requirements imposed by those policies.

By signing below, I acknowledge receipt of these requirements.

Signature of Applicant

Date

**Printed Name of Applicant**