

Dear Prospective U of L Resident:

Thank you for your interest in residency training at the University of Louisville. In order to provide complete and accurate information to all applicants, the following documents are enclosed:

- Sample Resident Contract
- Policy Regarding Foreign Nationals and International Graduates
- Resident Selection Policy
- Medical Licensure Policy
- Background Check Policy

Please take time to review this information, as these policies and sample contract detail the requirements for entry into University of Louisville training programs.

Please sign the acknowledgement below and return to your program director or coordinator. Thank you for your interest in the University of Louisville.

Sincerely,

Murali Ankem, M.D.

Vice Dean for Graduate Medical Education and Continuing Medical Education

---

I acknowledge receipt of the documents listed above, which detail the entry requirements for matched/selected applicants to University of Louisville School of Medicine residency training programs.

---

Signature

---

Date

---

Printed Name