



Office of Graduate Medical Education  
601 Elmwood Avenue, Box 601  
Suite G-7654  
Rochester, NY 14642  
Phone 585.275.4607  
Fax 585.473.5694

The ACGME and NRMP require that all interviewees receive the following:

- 1) a sample contract
- 2) visa and eligibility information
- 3) benefits summary
- 4) professional liability insurance information
- 5) stipend levels

All are available on the GME web site

<https://www.urmc.rochester.edu/education/graduate-medical-education/benefits-contract.aspx>

Program:	
Interview Date:	
Signed acknowledgement of receipt/review of the above listed items:	

Original to be kept in the program's file.



UNIVERSITY *of*  
**ROCHESTER**  
MEDICAL CENTER

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**WELCOME CANDIDATE. . .take this page home with you.**

You will be asked to sign an acknowledgement that you have been informed as to where to find the following items:

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- 3) benefits information
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The ACGME and NRMP require that all interviewees are made aware of this information.