

**MUSC Office of Graduate Medical Education  
Verification Form**

**The Program Director and Program Coordinator below have ensured each resident applicant, to their program, has been informed of the 2017-2018 MUSC Graduate Medical Education Resident Handbook, which contains the MUSC Resident Agreement (Appendix I) and of its location online at:**

<http://www.musc.edu/gme>

**In addition, the individuals below have ensured each resident applicant has received a copy of the USMLE Step 3 Policy and understood this policy went into effect July 1, 2006. We have personally verified those entering our program at a PGY-3 level or higher, have taken and passed the USMLE Step 3 Examination.**

**The MUSC Office of Graduate Medical Education's Acknowledgment Forms have been completed, signed and dated by each of our residency applicants and are on file within our department.**

**Program Name:** \_\_\_\_\_

**Program Director's Signature:** \_\_\_\_\_

**Program Coordinator's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_