

Name (Last, First Middle)

Program

Last Four Digits of SSN

Attestation (Continuing Appointment)
Office of Graduate Medical Education
University of California, San Francisco
2021-2022

Complete this form truthfully and in its entirety and sign below. The offer of a training position at UCSF is dependent upon the results of your signed attestation statement and its review by the program. Any "yes" response requires a detailed explanation on a separate page. Failure to provide an adequate explanation may result in the delay or rejection of your (re-)appointment. After review of your explanation of "yes" statements, our offer of a contract for training may be revoked or the conditions of the offer revised.

Form with 18 numbered questions and a sub-table for question 7. Questions cover medical malpractice, settlement, policy, drug use, professional performance, disciplinary actions, and sexual misconduct. Each question has 'Yes' and 'No' columns.

Candidate for House Staff (Re-)Appointment

My signature below indicates that I have provided complete and truthful information and answered the questions on this page completely and honestly. I give permission for UCSF to validate any of the information provided above and in my CV, including, but not limited to, previous training, previous medical staff appointments, and medical degree, at any time.

Program Director

My signature below indicates that I have reviewed this candidate's responses to the questions and recommend him/her for house staff (re-)appointment.

Trainee Signature

Date

Program Director Signature

Date