



I, \_\_\_\_\_ (*Print Name*), attest that I have received applicable Broward Health agreement(s), document(s) and/or policies related to completion of a training program within Broward Health.

Information provided includes, but is not limited to:

1. Sample Resident Employment Agreement
2. Resident Appointment Policy
3. Eligibility and Selection of Residents Policy
4. Duty Hours, Moonlighting and Fatigue Mitigation Policy
5. Moonlighting Policy
6. Health and Disability Insurance Policy
7. Vacation and Leave Policy
8. Drug Free Workplace Policy
9. Resident Salary Memo
10. Medical Comparison Chart
11. Summary of Benefits Overview
12. Broward Health Fact Sheet
13. Salah Foundation Children's Hospital

*Board Subspecialty Eligibility:*

Should I have any questions about the information provided, I can contact the GME office at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date