

Match Agreement

I AGREE to be bound and abide by the results of the matching program for a residency appointment. In particular, I declare the following:

I AGREE to conduct myself in conformity with the high ethical standards expected of members of the medical profession.

I WILL ACCEPT the appointment to the training program with which I am officially matched, that program being the highest one on my rank list having a place available for me.

I have no obligations (e.g. military) that might prevent me from accepting a position offered by this match.

I intend to complete all prerequisites before the start of my residency training. I understand that any contract or match results will be void if I do not satisfactorily complete my prerequisite training or if I fail to meet other requirements that have been explicitly stated to all applicants.

The information I provide to the San Francisco Matching Program (SF Match) is true and complete and I have not withheld information that might affect the evaluation of my qualifications for training in this specialty.

I authorize all institutions and individuals who may possess this information to disclose it to the SFMatch for the purposes of verifying this application. I further authorize any training program that receives my application to contact any or all of my former employers, educational institutions, and/or individuals or organizations that may have information relevant to my application. I understand that any information obtained will be treated as confidential information.

I understand that any misrepresentation of information may be cause for immediate termination of my application and involvement in the Match.

I understand that I cannot avoid accepting an appointment to which I have been matched without a written release from the applicable program. I also understand that another program cannot offer a position to me unless I have this release. I understand that releases are not automatic and my actions may be challenged.

I will withdraw from this match prior to the rank list due date if I accept any position outside of this match before the due date.

If I obtain a position in this match, I will withdraw from all other matches in post-graduate medicine that compete and conflict with this match. I agree that Match results may be sent other formal matching programs as notice of action under their respective rules.

I UNDERSTAND that no participating training program has the right to require that I state how I shall rank that program on my confidential rank list, nor do I have a right to demand that any program inform me how it plans to rank me.

I will be solely responsible for the choices on my rank list. My confirmed confidential ranking, giving my order of preference, is to be the sole determinant of my preferences.

I authorize the use of any information I have provided in any study approved by its sponsoring organizations, provided that no information that uniquely identifies me is disclosed in reports from such study.

I agree to pay a non-refundable \$100 registration fee and adhere to the schedule and deadlines posted on the SFMatch website.

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