

**GENESYS REGIONAL MEDICAL CENTER
MEDICAL EDUCATION
POLICIES & PROCEDURES
2012-2013 ACADEMIC YEAR**

**Acknowledgment of Access to GRMC Medical Education
Policies & Procedures**

As a trainee of Genesys Regional Medical Center, I hereby acknowledge that on this date I received directions and access to the Genesys Regional Medical Center, Medical Education Policies & Procedures for the current Academic Year. I will read the policies and procedures manual in its entirety and contact the Medical Education Office or my Program Director if I do not understand any portion of them. I understand that the contents of these policies and procedures govern the terms and conditions of my Internship/Residency.

I understand that the current GRMC Medical Education Policies & Procedures supersede all previous policies and procedures and/or oral or written representations. I acknowledge that I am responsible for understanding and complying with the policy and procedure contents, as well as keeping current as updates are issued. Changes and/or updates to Genesys Regional Medical Center, Medical Education Policies & Procedures will be published on New Innovations Resident Management Suite. I acknowledge my responsibility to check this site to maintain current information on any policy and procedure changes during the 2012-2013 academic year.

PRINTED Name of Trainee

Trainee Signature

Date

Program

X:forms