

Acknowledgement of Receipt

Your signature below will indicate that you have received the Resident Agreement of Appointment, the Resident Handbook, and the web link to the Kansas City University of Medicine and Biosciences GME Consortium-Phoenix Derm. The documents are available on our residency website http://www.kcugmecphoenixdermatologyresidency-program/.

In order to be considered for the Match, the signed document must be returned to our

office.	
Print Name	Date
Signature	_
Please fax this page to 480-654-0599 or you can	email it to residency@altaderm.com
Thank you	