



Virtual Interview Consent and Acknowledgment

Training Program:

Interviewee's Printed Name:

Texas Tech University Health Sciences Center Graduate Medical Education (TTUHSC GME) intends to conduct its interviews of prospective trainees remotely during the 2025 recruitment season. In so doing, TTUHSC GME wishes to maintain a fair, equitable, and confidential interview process.

Consent for Virtual Interview

I acknowledge the TTUHSC GME programs are conducting virtual interviews for residencies during the 2025-2026 academic year (training program start date for the 2026-2027 academic year). I understand that the video/audio will only be available synchronously to the TTUHSC faculty and staff participating in the interviews and will not be recorded by TTUHSC GME. Further, I acknowledge TTUHSC GME prohibits any and all recording or virtual interviews and agree that I will not record, retain screenshots or publish information about the interview, such as the interview questions, in order to preserve the integrity and confidentiality of the interview process. I understand publicly disclosing information about the interview and/or recording the interview may be grounds for rejection of my application.

Your signature below certifies that you have read the Consent for Virtual Interview and acknowledge its applicability to your interview with TTUHSC GME.

Interviewee's Signature:

Date Signed:



ACKNOWLEDGMENT OF RECEIPT OF GME PROGRAM AGREEMENT AND GME POLICIES AND PROCEDURES

I acknowledge that I have been informed that the documents entitled "GME Program Agreement", "House Staff Policies and Procedures", and "TTUHSC SOM GME Policies and Procedures" are accessible from the [GME Website](#) and that I agree to comply with the provisions contained therein.

Signature of applicant

Date signed

Printed name of applicant

Witness Signature

Date signed



ACKNOWLEDGMENT OF VISA STATUS REQUIREMENTS

VISA STATUS

The _____ Residency/Fellowship Program requires applicants must be one of the following:

- (1) Be a U.S. citizen
- (2) Be a Permanent Resident
- (3) Have an Employment Authorization Card
- (4) Agree to sponsorship on a J-1 Visa

By signing below, I acknowledge that I understand the VISA status requirements and that I agree to comply with the provisions contained therein.

Signature: _____

Printed Name: _____

Date: _____

ADDENDUM TO ERAS APPLICATION



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER.. School of Medicine

Name (Printed) _____

Department _____

PROFESSIONAL
LIABILITY

Have there been or are there currently pending any malpractice claims, suits, settlements or arbitration proceedings involving your professional medical practice?

Yes NO

If yes, please provide list and status on separate sheet.

DISCIPLINARY ACTIONS

Have any of the following ever been, or are any currently in the process of being investigated, denied, revoked, suspended, placed on probation, not renewed, or voluntarily relinquished? **If yes, please provide full explanation on a separate sheet.**

Medical license in any state	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other professional registration/license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEA/controlled substances registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Membership on any hospital medical staff Clinical privileges or prerogatives/rights on any medical staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other institution affiliation (e.g. medical school, HMO, etc.) Professional society membership or fellowship /Board certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other type of professional sanction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any felony criminal charges or charges of crimes involving moral turpitude brought against you in the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide full explanation on separate sheet, including resolution of charges.

REFERENCES

LETTERS OF REFERENCE, IN ADDITION TO THE DEAN'S LETTER, HAVE BEEN REQUESTED FROM THE FOLLOWING INDIVIDUALS:

Name and Title	Institution	Address
1. N/A		
2. N/A		
3. N/A		

NOTARIZED COPY OF ORIGINAL MEDICAL SCHOOL DIPLOMA REQUIRED

PLEASE RETURN COMPLETED APPLICATION TO:

Texas Tech University Health Sciences Center School of Medicine
Director of Residency Training
Department of _____

I FULLY UNDERSTAND THAT ANY MISSTATEMENTS IN OR OMISSIONS FROM THIS APPLICATION CONSTITUTE CAUSE FOR DENIAL OF ACCEPTANCE IN OR CAUSE FOR SUMMARY DISMISSAL FROM THE RESIDENCY/FELLOWSHIP TRAINING PROGRAM. ALL INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE TO MY BEST KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT TTUHSC HAS THE RIGHT TO REQUEST ADDITIONAL INFORMATION NOT PROVIDED ON THIS APPLICATION, AND I AGREE TO CONFORM TO ALL RULES AND REGULATIONS OF TTUHSC.

SIGNATURE OF APPLICANT _____

DATE _____

Questions asked by Texas Medical Board:

Full disclosure: The questions below mirror those asked by the Texas Medical Board (TMB) on the Physician-in-Training permit application. It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. An honest "yes" answer to a question on your application is not definitive as to the Board's assessment of your present moral character and fitness, but a dishonest "no" answer is evidence of a lack of candor and honesty, which the TMB may perceive as definitive on your character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks. In addition to the questions below, the Texas Medical Board will specifically ask about diagnosed or treated conditions (mental, physical, or neurological) that have or may impair your behavior, judgment, or ability to function as a physician. Should you match with a TTUHSC GME program, the Institutional GME Office is available to advise and support your completion of the TMB Physician-in-Training application.

If you believe your offense was sealed or expunged , TMB will require a copy of the expunction or non-disclosure order if requested.	
Please answer the questions 1(a)-(d) below with regard to any action taken by any state, province, territory, U.S. federal jurisdiction, or country.	
1(a). Have you ever been arrested?	<div>Yes No</div> <div>If Yes, provide explanation</div>
1(b). Have you ever been charged with any violation of the law regardless of outcome? (You must include any charge involving alcohol or drugs; you may exclude: 1) traffic tickets; and, 2) violations with fines of \$250 or less.)	<div>Yes No</div> <div>If Yes, provide explanation</div>
1(c). Are you currently the subject of a grand jury or criminal investigation?	<div>Yes No</div> <div>If Yes, provide explanation</div>
1(d). Have you ever been convicted of an offense, placed on probation, or granted deferred adjudication or any type of pretrial diversion? (You must include any charge involving alcohol or drugs; you may exclude: 1) traffic tickets; and, 2) violations with fines of \$250 or less.)	<div>Yes No</div> <div>If Yes, provide explanation</div>
2(a). Have you ever been suspended from practice, disciplined, disqualified, denied permission to take an examination for licensure, allowed to resign or voluntarily surrender your license in lieu of disciplinary action by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? (This would include but is not limited to, informal or confidential disciplinary orders, consent orders, agreed orders, or letters of warning.)	<div>Yes No</div> <div>If Yes, provide explanation</div>
2(b). Have there ever been any formal or informal charges, complaints, or grievances filed (regardless of the outcome) concerning your conduct by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country?	<div>Yes No</div> <div>If Yes, provide explanation</div>
2(c). Are there now pending any formal or informal charges, complaints or grievances concerning your conduct by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country?	<div>Yes No</div> <div>If Yes, provide explanation</div>
2(d). Have you ever been denied or required to surrender a federal or state controlled substance permit?	<div>Yes No</div> <div>If Yes, provide explanation</div>
3(a). Has an academic program, health care entity or professional organization ever taken against you, through either oral or written communication, any of the following public or private actions: (i) limitation, reduction, suspension, revocation or denial of privileges? (ii) warning, censure, reprimand, or formal admonishment? (iii) monitoring of admissions and/or treatment plans? (iv) placement on academic or disciplinary probation? (v) request of termination, withdrawal or resignation? (vi) acceptance of voluntary resignation in lieu of further investigations or other action?	<div>Yes No</div> <div>Yes No</div> <div>Yes No</div> <div>Yes No</div> <div>Yes No</div> <div>Yes No</div>
3(b). Is any such action pending?	If Yes, provide explanation
3(c). Are you currently under investigation by any academic program, health care entity, or professional organization?	<div>Yes No</div> <div>If Yes, provide explanation</div>
4(a). Has a professional liability claim ever been filed against you or has such a claim been paid on your behalf?	<div>Yes No</div> <div>If Yes, provide explanation</div>
4(b). Have you ever been charged with or alleged to have committed unprofessional conduct, professional incompetence, negligence, or malpractice in any criminal or civil proceeding?	<div>Yes No</div> <div>If Yes, provide explanation</div>
4(c). While serving in the US Military or the Public Health Service, or while employed, contracted or privileged by a federal facility was a malpractice claim or medical liability suit filed that involved the care that you had delivered?	<div>Yes No</div> <div>If Yes, provide explanation</div>



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
School of Medicine

Clinical Clerkship Affidavit

I, _____
Printed or Typed Name of Applicant

a medical graduate of _____
Name of Medical School

- ☐ did
☐ did not

attend courses/clerkships in the United States during medical school.

List every course/clerkship performed in the United States.

Course/Clerkship	Begin/End Date	Facility/City
Family Practice	_____ to _____	_____
Internal Medicine	_____ to _____	_____
Introduction to Patient/ Physical Examination	_____ to _____	_____
OB/GYN	_____ to _____	_____
Pediatrics	_____ to _____	_____
Psychiatry	_____ to _____	_____
Surgery	_____ to _____	_____
Other (List All)	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

Applicant's Signature _____ Date _____