

This is a sample template that is personalized for each resident.



<<Date of Letter>>

200 First Street SW
Rochester, Minnesota 55905
507-284-2220

**Mayo School of
Graduate Medical Education**

«Addressee»
«Address1»
«Address2»
«Address3»
«Address4»
«Address5»

Dear <<Salutation>>

We are pleased you have matched for a Mayo School of Graduate Medical Education (MSGME) training program in <<ProgramName>> at Mayo Clinic in Rochester, Minnesota at graduate level one through the National Residency Matching Program. Your MSGME training program will begin <<Start Date>> and end <<End Date>>. Continuation and completion of the program depends upon your satisfactory progress in education, performance of all duties, and compliance with MSGME policies.

Your appointment is contingent upon **receipt of the following** by Mayo School of Graduate Medical Education before the commencement of your training:

1. The following documents and letters must be received by MSGME:
 - Complete official transcripts from all post-secondary educational institutions you have attended:
 - a) Medical school, showing degree granted and date conferred, and
 - b) Graduate school (if applicable);
 - An original Dean's letter from your medical school;
 - A copy of your medical school diploma;
 - Two (2) original letters of recommendation;
 - Direct verification of exam scores in the form of official transcripts from appropriate test administrators (i.e. USMLE, NBME, FLEX, LMCC, VQE, COMLEX, or FMGEMS); and
 - A copy of your valid ECFMG certificate if you are a graduate of a medical school outside the United States and Canada.

2. In addition to sending the above materials, you must:
 - Submit to a health review and pass a urine drug screen administered at Mayo Clinic;
 - Pass appropriate background checks; and
 - Provide proof of your legal right to work by bringing documents that establish identity and employment eligibility to the MSGME new resident orientation.
3. If you are currently in medical school, you must have your school's Registrar send your final transcript to MSGME upon graduation.
4. Appropriate medical licensure and/or registration is required with the Minnesota Board of Medical Practice before beginning your training program. Enclosed you will find the "Application for Residency Permit." Please complete, sign and return it to MSGME. Mayo Clinic will pay the registration fee. The appropriate application instructions will be mailed to you upon completion and return of the enclosed questionnaire.
5. You will be expected to report to MSGME orientation beginning <<orientation date>>. Remuneration is provided for attending.

Approximately eight weeks before your training program begins, you will receive information that will provide details pertaining to your appointment, compensation and benefits, and will prepare you for your Mayo Clinic orientation.

Please sign and date the enclosed copy of this letter, complete the resident permit and licensure questionnaire forms, and post-appointment information forms and return them within ten days in the stamped, self-addressed envelope.

By signing this letter, you accept appointment to Mayo School of Graduate Medical Education and you agree to comply with Mayo Clinic policies summarized for your convenience in the enclosed Summary of Resident Policies and available on the Internet at <http://www.mayo.edu/msgme/admissions.html>. If you have any questions, please feel free to contact us.

Sincerely,

Mark A. Warner, M.D.
Dean
Mayo School of Graduate Medical Education

MAW:clc
Enclosures

SIGNATURE: _____ DATE: _____
<<Addressee>>

U.S. Social Security Number _____