



American University of the Caribbean  
School of Medicine

# Post Graduate Placement & Licensure Disclosure Agreement

To: Education Commission for Foreign Medical Graduates (ECFMG)

I, \_\_\_\_\_, hereby agree to provide to the American University of the Caribbean School of Medicine (AUC) information concerning my obtaining post graduate placement in a residency program. This information will include, but is not limited to, the name of the residency specialty, name and location of the hospital, whether it was obtained via NRMP Match, scramble, or other means outside the match and if it was my 1st, 2nd, or 3rd choice. I also agree to report if I did not match.

Upon obtaining licensure by a state medical board, I further agree to provide to AUC my medical licensure information including the state of licensure and area of specialty.

In an effort to assist future students and graduates of AUC with residency placement information, I will make a good faith effort to voluntarily supply this information as soon as possible.

I authorize the use of my residency match and licensure information to be published by AUC and any of its agents via the web, media print, or any other publication. I waive any right I may have to inspect and/or approve the finished product in which the data may be used. I am aware that none of my personal or identifying information will be published or disclosed.

Student Name *(please print)* \_\_\_\_\_

Student ID# \_\_\_\_\_

Student Signature \_\_\_\_\_

Date Signed \_\_\_\_\_