

Charles W. Hilton, MD
 Associate Dean for Academic Affairs
 Office of Graduate Medical Education
 2020 Gravier Street, Suite 602
 New Orleans, LA 70112

I hereby certify that I have received the mandatory 2014-15 House Officer Manual. I understand that I will be accountable for conducting duties in the workplace in accordance with the information contained in this manual. I understand that additional information is available through the LSUHSC-NO website; <http://www.lsuhschool.edu/>; <http://www.lsuhschool.edu/no/administration/hrm>; http://www.medschool.lsuhschool.edu/medical_education/graduate; LSU Bylaws and Regulations, LSU System Policies, LSUHSC Policies and GME Policies. I understand that these rules and policies are subject to change and the latest revision of this manual is at http://www.medschool.lsuhschool.edu/medical_education/graduate/HouseOfficerManual.aspx.

_____ Print Name	_____ AY 2014-2015 HO Level	_____ Department
_____ Signature	_____ Date	_____ SSN or EMPLID

Return this form to Program Coordinator