



## Letter Of Acknowledgment

**To,  
United Memorial Medical Center  
Houston, TX**

I have received a copy of the observership guidelines and its contents have been reviewed by me. I have read and understand the responsibilities and standards of performance as explained in the guidelines.

This isto make the final and formal agreement upon the desire of participating in the observership program conducted in this hospital. I am hereby obligated to comply with the regulations of the hospital. I agree that if I fail to follow this responsibilities I could be subject to immediate termination and that these actions are only my responsibility not the hospital.

The signature and information below constitutes my understanding of the requirements, responsibilities and HIPAA confidentiality policies.

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**Signature**

**Print name:**

**Date:**