



Loyola University Medical Center  
Consent and Release from Liability Form

By applying for a residency training position at Loyola University Medical Center ("Loyola"), I hereby authorize Loyola, its Graduate Medical Education Office and representatives to consult with administrators and members of the medical school and training institutions with which I have been associated and with others, including past and present employers and malpractice carriers, who have information bearing on my professional competence, character and ethical qualifications.

I hereby further consent to the inspection by Loyola, its Graduate Medical Education Office and representatives of all records and documents, including evaluations from medical school and previous training programs and medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical duties associated with the residency training position requested as well as my moral and ethical qualifications.

I hereby release from all liability all representatives of Loyola, its Graduate Medical Education Office and representatives for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications including professional competence, ethics, character and other qualifications, and hereby release from any liability any and all individuals and organizations who provide information to Loyola, its Graduate Medical Education Office and representatives in good faith and without malice, concerning my professional competence, ethics, character and other qualifications for residency training appointment, and I hereby consent to the release of such information. I understand and agree that I, as an applicant for a residency training position with Loyola, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

I furthermore acknowledge that the statements that I have made on my application for a residency training position are true and contain no material omissions or misstatements of fact. I also acknowledge that material omissions or misstatements of fact are grounds for immediate termination. I further acknowledge that Loyola and its representatives will not be liable for any action taken in response to omissions and misstatements of fact.

I further agree that if any material changes that occur in any information I have provided, it is my obligation to inform Loyola within ten (10) days of any such changes.

I understand that it is my right to review information obtained by Loyola to evaluate my admission to or continuation in a residency training program unless otherwise peer review protected.

I hereby further authorize and consent to the release by Loyola, its Graduate Medical Education Office and representatives to other training programs, hospitals, their medical staff and their representatives, physician foundations, payors, and to medical associations of any information Loyola and its Graduate Medical Education Office may have concerning my professional competence, ethics, character and other professional qualifications, as long as such release is done in good faith and without malice, and I hereby release from liability Loyola, its Graduate Medical Education Office and their representatives for so doing.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DIRECT INQUIRIES AND RETURN THIS APPLICATION TO:**

**LOYOLA UNIVERSITY MEDICAL CENTER  
(YOUR CLINICAL SPECIALTY DEPARTMENT/DIVISION)  
2160 SOUTH FIRST AVENUE  
MAYWOOD, ILLINOIS 60153**