

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



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

**Mayo Clinic School of  
Graduate Medical Education**  
Mayo Clinic College of Medicine and Science

<<DATE>>

<<TRAINEE>>

<<EMAIL>>

Dear <<SALUTATION>>:

We are pleased you matched through the National Resident Matching Program with a Mayo Clinic School of Graduate Medical Education (MCSGME) training program in <<PROGRAM>> at Mayo Clinic in Rochester, Minnesota. Your first year of training will be in Preliminary <<PROGRAM>> beginning <<July 1, 201X>> at graduate level <<XXX>>. Training will continue in <<PROGRAM>> beginning <<July 1, 201X>> and follow normal graduate level/stipend level progression. --OR-- **Your MCSGME training program will begin <<July 1, 201X>> at graduate level <<one>>.** Your projected end date is <<June 30, 20XX>>. Continuation and completion of the program depend upon your satisfactory progress in education, performance of all duties, and compliance with MCSGME policies.

In the near future, you will receive an email communication from our residency management system, MedHub, with onboarding instructions. Your signed appointment letter must be uploaded into MedHub **within 7 days** from receipt of the MedHub email communication. By signing this letter, you accept appointment to MCSGME and you agree to comply with Mayo Clinic policies available on the Internet at [Summary of Terms and Conditions of Appointment](#).

You will be expected to report to MCSGME orientation beginning <<DATE, 201X>>.

Your appointment is contingent upon **receipt of the following** by MCSGME *before* the commencement of your training:

- Official medical school and/or post-graduate transcript(s) showing degree granted and date conferred, English translation required; contact your school registrar to have **final** transcript(s) sent upon graduation to MCSGME Attn: Donna Larkin, address at bottom;
- Copy of your medical school and/or post-graduate diploma/completion certificate (copy of original AND translated in English if applicable);
- Copy of the MSPE/Dean's letter from your medical school;
- Copy of your score reports or transcript from appropriate test administrators (i.e., USMLE, NBME, FLEX, LMCC, VQE, COMLEX, or FMGEMS);
- Valid copy of your ECFMG certificate;
- You will be expected to pass USMLE Step 3 by <<May 1, 201X>>; and
- Copy of your residency completion certificate/diploma, when available (*after your start date is acceptable*);
- <<OTHER MISSING DOCUMENTS>>

If you anticipate that official documents will not be available before your begin date, MCSGME must receive written documentation directly from your medical school that you have completed all requirements and will be awarded a diploma. The graduation date must be prior to your program begin date.

In addition to sending the above materials, you must:

- By <<July 1, 201X>>, obtain/continue appropriate visa classification for the duration of your appointment at Mayo Clinic.
  - For all questions regarding the visa process, contact the Legal Department-Immigration Specialty Team (IST) at [ECFHIBIPO@mayo.edu](mailto:ECFHIBIPO@mayo.edu).
- By July 1, 201X, obtain appropriate medical licensure and/or registration, which is required with the Minnesota Board of Medical Practice before beginning your training program. To start this process *now*, please review the [Licensure webpage](#) regarding requirements and eligibility.
- Submit to and pass a urine drug screen and a health record review;
- Pass appropriate background checks;
- Provide proof of your legal right to work by bringing documents that establish identity and employment eligibility to Human Resources, Ozmun East Building at Lobby Reception desk prior to your MCSGME orientation. Note, there will be opportunity to complete this task during orientation if it cannot be done beforehand; and
- Personally present your **original** Social Security card for verification at Human Resources. **If no SSN add “, <<upon receipt>>”**

For details on the above items listed, see “Getting Started” at the [MCSGME Orientation](#) link.

Please do not share this letter with anyone externally for employment verification purposes in securing housing (rental or purchase). For this, please contact MCSGME Verifications at [msgmeverification@mayo.edu](mailto:msgmeverification@mayo.edu), or fax the request to 507-538-0771. Requests must be in writing. No phone calls, please.

If you have any questions, please contact <<GME Specialist>> at <<EMAIL ADDRESS>>.

Sincerely,

<<INSERT ASSOCIATE DEAN SIGNATURE>>

<<ASSOCIATE DEAN NAME, X.X.>>

Associate Dean

<<GEC NAME>>

Mayo Clinic School of Graduate Medical Education

<<INITIALS>>

cc: <<PROGRAM DIRECTOR>>

<<EDUCATION PROGRAM COORDINATOR>>

Tisha A. Doherty, Licensure & Credentialing Specialist

<<Immigration Specialty Team>>

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
<<TRAINEE NAME, X.X.>>

Send official documents as referenced above to:

Mayo Clinic School of GME

ATTN: Donna Larkin

Siebens 5th Floor

200 First Street, SW

Rochester, MN 55905