DoxApply presents several affirmations to applicants during the online submission process, which must be confirmed to apply to each Hospital / Healthcare Organizations.

These affirmations are intended to make sure the applicant certifies the authenticity of the application, agrees to provide updated information to the Hospitals / Healthcare Organizations. As evidence the applicant has viewed and affirmed these statements, the applicant's signature and date are captured and provided to the Hospitals / Healthcare Organizations electronically or in person as per the hospitals choosing.

Affirmation statements

- I certify that all information submitted in the admission process — including this application and any other supporting materials — is my own work, factually true, and honestly presented, and that these documents will become the property of the Hospitals / Healthcare Organizations to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including application revocation
- I agree to notify the Hospitals / Healthcare Organizations to which I am applying immediately should there be any change to the information requested in this application. • I understand that once my application has been submitted it may not be altered in any way; I will need to contact the Hospital / Healthcare Organizations directly if I wish to provide additional information or update my information on the DoxApply application and inform the Hospitals / Healthcare Organizations.
- I acknowledge that I have reviewed the application instructions for the Hospitals / Healthcare Organizations receiving this application. I understand that all appointments are conditional, pending receipt of final transcripts showing work comparable in quality as well as honorable completion of an accredited residency program.
- I affirm that I will send an enrollment deposit (or equivalent) to the Hospitals / Healthcare Organizations that I am applying privileging.
- I authorize every residency program that I have attended to release all requested records and recommendations to Hospitals / Healthcare Organizationss to which I am applying for obtaining privileges. I also authorize employees at these Hospitals / Healthcare Organizationss to confidentially contact my current and former residency programs should they have questions about the information submitted on my behalf.

- Applicants may select one of these two options:
- I waive my right to review all recommendations and supporting documents submitted by me or on my behalf
- I DO NOT waive my right to review all recommendations and supporting documents submitted by me or on my behalf.
    - I have chosen not to waive my right to review my recommendations and supporting documents. I understand that my decision may lead my program

directors/peers to decline to write recommendations on my behalf. I also understand that my decision may lead Hospitals / Healthcare Organizations to disregard any recommendations submitted on my behalf.

- I understand that my waiver or no waiver selection above pertains to all Hospitals / Healthcare Organizations to which I apply and that my selections on this page cannot be changed after any recommendation or application submission.