

The University of Arizona/UPHK Graduate Medical Education Consortium

NOTICE OF ACCEPTANCE OF DISCIPLINARY ACTION

I, \_\_\_\_\_, a resident in the Department of \_\_\_\_\_, consent to the disciplinary action taken by Notice of Action form dated \_\_\_\_\_ and forego my right to a hearing to challenge that decision.

\_\_\_\_\_  
Signature of Resident

Date \_\_\_\_\_