



**Memorandum of Understanding
2024 Match for the 2025-2026 Academic Year**

National Association of Medical Examiners

[Name of Institution]

Re: Forensic Pathology Fellowship Match Program

This Memorandum of Understanding (MOU) takes effect on date of last signature between the National Association of Medical Examiners (NAME), a nonprofit corporation with its principal place of business at 15444 Chinnereth Est, Savannah, MO 64485, and ___[Name of Institution], an institution located at _____

1. Purpose. NAME has evaluated how to improve the current interview and offer process for residents who apply to Forensic Pathology fellowship programs. This has led to NAME establishing a Forensic Pathology Fellowship Match Program. The Program will allow applicants and fellowship programs an opportunity to consider options before deciding on specific candidates. Additionally, the Program will set a uniform date and timeline for applicants and permit residents to apply one year before entering a fellowship so they may make informed decisions about their profession. Participating programs must be accredited or affiliated with an ACGME program; sign a sponsorship agreement and agree with the National Resident Matching Program's timeframe. This Memorandum of Understanding establishes the parties' responsibilities regarding this educational initiative.
2. No Offers Commitment. NAME requires that participating programs not make any offers to applicants for any of their fellowship positions. Participating programs may interview candidates at any time.
3. Term and Termination. Programs must enter into this MOU by **January 1, 2024**. This MOU shall remain in full force and effect through June 30, 2026. At any time, the parties may extend and/or modify the MOU beyond the initial term. Alternatively, either party may terminate the MOU on thirty (30) days' written notice provided by any reasonable business means.
4. Entirety. This MOU constitutes the entire understanding and agreement between the parties. Any additions or amendments to this MOU must be in writing and signed by both parties.
5. Understanding. All parties fully understand their legal rights, responsibilities and obligations under this MOU and accept them as legally binding.

National Association of Medical Examiners

[Name of Institution]

Denise McNally
Executive Director

Name:
Title:

Date: _____

Date: _____