Welcome to the department of***(PROGRAM NAME)***at Harbor-UCLA Medical Center.Please review the following information carefully. Your contract must be signed andreturned prior to your official start date at Harbor.

You will receive additional information regarding your Harbor hiring process from our Harbor-UCLA Medical Center GME office.

If you have any questions or concerns please feel free to contact me and thank you for  your cooperation.

(PROGRAM COORDINATOR NAME)(PROGRAM NAME)Harbor-UCLA Medical Center1000 W. Carson St. Box (\_\_)Torrance, CA 90509(Prog. Coor. email)(Dept. phone #/ Fax#)