

**Transplant Accreditation & Certification Council**  
*Fellow Match Waiver Policy and Request Form*

As outlined in the [Matching Rules](#), the match is a binding commitment between the program and the applicant. By participating in the match, applicants agree to the following:

- I am solely responsible for the choices on my rank list and for the match outcome resulting for those choices.
- I understand that no participating training program has the right to require that I state how I shall rank that program on my confidential rank list, nor do I have a right to demand that any program inform me how it plans to rank me.
- I understand that I cannot avoid accepting an appointment to which I have been matched without a written release from the applicable program. I also understand that another program cannot offer a position to me unless I have this release. I understand that releases are not automatic, and my actions may be challenged.
- By submitting a rank list, both the applicants' choices and the fellowship directors' choices make the match result a binding commitment. However, any offer made is contingent upon satisfactory completion of the prerequisite training as generally required and special requirements if specified by a particular training program.
- If I obtain a position in this match, I will withdraw from all other matches in post-graduate medicine that compete and conflict with this match. I agree that match results may be sent to other formal matching programs as notice of action under their respective rules.
- I confirm that I have disclosed all to the programs of interest and SF Match any obligations which might prevent me from accepting a position if offered.
- I authorize the SF Match to use any information I have provided in any study approved by the SF Match, provided that no information clearly and uniquely identifying me is disclosed in reports resulting from such a study.

In the event the applicant is not able to start training, a **Match Waiver Policy Request Form** must be submitted to the TACC as soon as possible but no later than 90 days after the fellow's anticipated start date. *A request for a release from the binding commitment is not automatic.* The decision to grant or deny the waiver is at the sole discretion of the TACC and is not subject to arbitration or legal action. The applicant releases the TACC and ASTS from any and all liability and holds the TACC and ASTS harmless with respect to the request for a waiver. Programs are not authorized to release the applicant without approval from the TACC. A request for release must be submitted to the Transplant Accreditation & Certification Council (TACC) at [TACC@asts.org](mailto:TACC@asts.org), who oversees the match process on behalf of the American Society of Transplant Surgeons (ASTS).

**Applicant Information:**

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Applicant Last Name:

Applicant First Name:

Name of Fellowship Training Program:

Anticipated Start Date:

Name of Program Director:

In the space below, detail why you are requesting to be released from the binding match commitment.  
Be as specific as possible.

*Please identify one or more of the following as they are applicable:*

- 1) *VISA issue*
- 2) *Unanticipated Serious or Extreme Hardship (e.g., changes in family situation)*
- 3) *Ineligibility (e.g., credentialing issues, delayed graduation)*
- 4) *Other:*

1401 S. Clark Street, Suite 1120  
Arlington, VA 22202  
Email: [TACC@asts.org](mailto:TACC@asts.org)



Have you notified the Fellowship Training Program you matched into that you are requesting a release from the binding commitment?      Yes      No

Have you interviewed, applied for, or accepted **any other** Fellowship Training Program position (this includes both transplant and non-transplant fellowships):  
Yes      No

(If you answered Yes, at which program and what is the start date?)

Please provide any additional information that you believe is pertinent to your request. For unanticipated serious or extreme hardship please email a copy of any third-party verification to the email provided below:

Signature:

Date:

**Please save this form and email a copy to [TACC@asts.org](mailto:TACC@asts.org).**

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Arlington, VA 22202  
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