University Hospitals of Cleveland Resident Fellowship/Contract

DATE:

DOCTOR NAME:

Doctor, I am pleased to inform you that on the recommendation of your department director, the terms of your appointment as a resident physician at University Hospitals of Cleveland are as follows:

Dept-Div: Effective Period:

PGY Year: Salary:

All appointments are for one year or less, and may be renewed at the discretion of the institution upon continued evidence of satisfactory performance. Further, all appointments are subject to the policies and procedures set forth in the Resident and Fellows Manual.

Upon commencement of your employment you will be required to show evidence of the U.S. citizenship or present a valid visa in a category that permits you to be employed in the program without qualifications or exceptions. The institution agrees to provide an educational program that at a minimum meets the standards established by the ACGME and to provide a salary and benefits as outlined in the Resident and Fellows Manual. You will agree to meet the educational requirements of the program and to provide safe, effective and compassionate care under the supervision of residency faculty.

Read the Resident and Fellows Manual carefully as it contains important information about hospital policies. You must familiarize yourself with the following information:

Resident Responsibilities Parental Leave of Absence

Financial Support Meals and Laundry

Compensation & Benefits Effect of Leave for Satisfying Completion of Program

Resident Evaluation and Reappointment Physician Impairment and Substance Abuse

Equal Employment Professional Leave of Absence Benefits

Sick Leave Benefits Conditions for Living Quarters

Counseling Extracurricular Employment (Moonlighting)

Payroll Sexual and Other Forms of Harassment

Grievance Procedures Professional Activities Outside of the Program

Leave of Absence Medical & Psychological Support Services

Insurance Coverage (Health disability, Vacation

professional liability, liability after Non-renewal contract

completion of program) Residency Closure and Reduction

You will be required to follow hospital policies and procedures and comply with state and federal laws and regulations. By accepting this position you will be bound by the terms of the Resident and Fellows Manual, as it may be amended from time-to-time. Kindly acknowledge your acceptance to this offer by signing below and returning the original copy of the letter to:

University Hospitals of Cleveland

Department of Neurology

Mail Stop HH5040

Kris Stacy, Residency/Education Coordinator

11100 Euclid Avenue

Cleveland, OH 44106

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Date

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