

July 1, 2016

«First\_Name» «Last\_Name», «Degree»  
«Address»  
«City», «State» «ZIP»

Dear Dr. «Last\_Name»:

I am pleased to offer you a Resident Medical Staff appointment in the Department of «Academic\_Department» at the University of California Davis, Health System (UCDHS) located in Sacramento, California. All United States graduates must have a California Medical license prior to the beginning of their twenty-fifth (25th) month of postgraduate training. Appointments are contingent upon being licensed to practice medicine in the State of California, by the Medical or Osteopathic Board prior to the start date of your resident appointment, and ability to legally accept employment in the United States.

Your appointment will begin «Begin\_Appointment» (2400 hours) and will end on «End\_Appointment» (0800 hours). The postgraduate level to which you will be appointed during this period will be «PG\_Level». The current monthly salary for this level is \$«Salary». In addition to a salary, UCDHS will provide you with health, dental, vision, life and disability insurance. Except as otherwise provided in an agreement, to which UCDHS (including UC Davis Medical Center and/or the UC Davis School of Medicine) is a party, concerning your training appointment at UCDHS, UCDHS provides comprehensive professional liability coverage for your professional activities (both on-site and off-site) that fall within the course and scope of your appointment/employment (excluding external moonlighting), subject to the specific terms and conditions of such coverage as set forth in University of California policy, which may be amended from time to time.

Appointments are made for a period of one year at a time and are subject to annual renewal based upon satisfactory performance and funding availability. Your appointment is contingent upon meeting the residency training program requirements as specified by your Department, the Accreditation Council for Graduate Medical Education and the relevant specialty board. The duration of the Emergency Medicine Residency Program at UCDHS is three years. Information regarding your responsibilities as a member of the Resident Medical Staff is defined in your position description, the UCDHS RMS Personnel Policy and the Resident Medical Staff Manual which can be found at [http://www.ucdmc.ucdavis.edu/hr/hrdepts/resident\\_program/rmsppm.pdf](http://www.ucdmc.ucdavis.edu/hr/hrdepts/resident_program/rmsppm.pdf)

The Resident Medical Staff (RMS) Personnel Policy contains policies on related human resources topics. A summary listing all of the policies is provided on the enclosure titled "Resident Medical Staff Benefits, Support and Personnel Policy Summary." You received a copy of the RMS Personnel Policy Manual prior to the start of your appointment. Additional copies are available from Human Resources: Resident/Fellow Program Office. If you have any questions about resident support, benefits, or conditions of employment, please contact the Human Resources Resident/Fellow Program Office at (916) 734-1504 or 734-2756.

Please acknowledge acceptance of this appointment by signing this original appointment letter and the Employment Certification Form, and return all documents to the housestaff coordinator no later than two weeks from the date of this letter. If you have any questions, please contact the Resident/Fellow Human Resources Program Office at (916) 734-1504 or 734-2756.

I am pleased you will be joining us as a member of the UCDHS Resident Medical Staff. I am sure it will be a mutually rewarding and beneficial experience.

Sincerely,



James Nuovo, M.D.  
Associate Dean  
Graduate Medical Education  
UCDHS

I accept a one year appointment as a Resident «PG\_Level» in the Department of «Academic\_Department» beginning «Begin\_Appointment» (2400 hours) through «End\_Appointment» (0800 hours). I understand that my appointment is subject to the terms and conditions stated herein and in the UCDHS Resident Medical Staff Personnel Policy Manual. The contents of the Manual are provided in summary format as an enclosure. I have received a copy of the RMS Personnel Policy Manual.

I understand and agree that my appointment is contingent upon successful completion of any and all departmental and Human Resources prerequisites. Said prerequisites may include, but are not limited to a medical clearance examination, a criminal background investigation; certain clinical assignments may require an additional background clearance and documentation proving authorization to work in the United States.

I declare that I am not currently, nor have I ever been excluded from participating in any Federal or State funded health care program.

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Signature

«First\_Name» «Last\_Name», «Degree»

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Date

cc: Personnel File - Resident/Fellow Program Human Resources

attachments:

UCDHS Resident Medical Staff Benefits, Support and Personnel Policy Summary  
UCDHS Employment Certification Form