



UC DAVIS HEALTH
HUMAN RESOURCES
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SACRAMENTO, CA 95817
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OFFICE OF GRADUATE MEDICAL EDUCATION
UC DAVIS MEDICAL CENTER
4610 X STREET, SUITE 4202
SACRAMENTO, CALIFORNIA 95817
PH: (916) 734-7797

0/0/0000

First Middle Last, Degree
Street Address
City, State ZIP

Dear Dr. Last:

I am pleased to offer you a Resident Medical Staff appointment in the Department of **Dept** Program at the University of California Davis, Health (UCDH) 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 meeting the State of California licensure requirements, by the California Medical Board or the Osteopathic Board prior to the appointment start date, and the ability to legally accept employment in the United States.

Your appointment will begin **0/0/0000** (2400 hours) and will end on **0/0/0000** (0800 hours). The postgraduate level to which you will be appointed during this period will be **Resident PG PG level (Job Code)**. The current monthly salary for this level is **\$Salary**. In addition to a salary, UCDH will provide you with health, dental, vision, life and disability insurance. Except as otherwise provided in an agreement, to which UCDH (including UC Davis Medical Center and/or the UC Davis School of Medicine) is a party, concerning your training appointment at UCDH, UCDH 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 **Dept** Residency Program at UCDH is **duration** year(s). Information regarding your responsibilities as a member of the Resident Medical Staff is defined in your position description, the University of California Davis Health Resident Medical Staff Personnel Policy and the Resident Medical Staff Manual which can be found via the GME website: website: <http://www.ucdmc.ucdavis.edu/gme>

The Resident Medical Staff (RMS) Personnel Policy contains policies related to the full range of human resources topics. A summary listing all policies is provided in the "Resident Medical Staff Benefits, Support and Personnel Policy Summary". You may review this document and the RMS Policy Manual anytime via the GME website. If you have any questions about resident support, benefits, reasonable accommodation or conditions of employment, please contact the Human Resources Resident/Fellow Program Office at (916) 734-1504 or (916) 734-7899.

Please acknowledge acceptance of this appointment by signing all pages of this contract, Employment Certification Form, and all other documents included in this packet. Upon completion, upload documents to your MedHub account. Additionally, original signatures on specific documents will be required during your scheduled HR orientation.

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

Sincerely,



Susan Guralnick, MD
Associate Dean for Graduate Medical Education
Designated Institutional Official
Professor of Pediatrics

I accept a one year appointment as a **Resident PG «PG level (Job Code)** in the Department of **Dept** beginning **0/0/0000** (2400 hours) through **0/0/0000** (0800 hours). I understand that my appointment is subject to the terms and conditions stated herein and in the UCDH Resident Medical Staff Personnel Policy Manual published and made available via the GME website.

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, drug testing and a criminal background investigation. Moreover, 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.

Signature

First Middle Last, Degree

Date

PLEASE LEAVE THIS AREA BLANK

cc: Personnel File – Resident/Fellow Program Human Resources

University of California, Davis Health

Resident Medical Staff EMPLOYMENT CERTIFICATION FORM

Name: **First Middle Last, Degree**

PPS ID Number: **PPS ID**

Social Security Number: **000-00-0000**

Date of Birth: **0/0/0000**

Academic Department: **Dept**

Position Code & Title: **(Job Code) Resident Physician PG PG level**

Salary per Month: **\$Salary**

Percent Time: **100%**

Start Date: **0/0/0000** (2400 hrs) – **0/0/0000** (0800 hrs)

Status: **Academic Student Employee**

I certify that the foregoing personal data are correct and I accept the position on the terms specified above and in my letter of appointment, contingent upon the availability of funds and formal Administrative or Regent approval. I recognize the salary is subject to such deductions as may be required pursuant to applicable laws and regulations. In the event that my service does not continue throughout the term, if any be specified, the salary due me will be based upon actual service performed and I will return to the University such part of my salary as is not actually earned on this basis. Appointments are for one year. Reappointment is contingent upon performance and funding availability.

Resident Signature
First Middle Last, Degree

Date:



Human Resources Representative Signature

PLEASE LEAVE THIS AREA BLANK