



Office of Graduate Medical Education  
4610 X Street, Suite 4202  
Sacramento, CA 95817  
Ph: 916-734-7797

Department of Human Resources  
Residents & Fellows and Strategic Planning  
1651 Alhambra Blvd., 2nd Floor  
Sacramento, CA 95816  
Ph: 916-734-1499

8/7/2023

Jane Smith Doe, MD  
123 My Road  
Ann Arbor, MI 48130

**Re.: Appointment Agreement**

Dear Dr. Doe,

I am pleased to offer you an Appointment as an **Fellow** in the **Cardiology Program, Department of Internal Medicine** at the University of California, Davis Health located in Sacramento, California.

Your appointment will begin on **7/1/2023** and will end on **6/30/2024**. The postgraduate year (PGY) training level to which you will be appointed during this period will be **PGY 3**.

The current monthly salary for this level is \$1,234.56 (\$41,234.56 annually). In addition to your salary, UC Davis Health will provide you with health, dental, vision, life and disability insurance. *Terms and conditions of employment, including annual salary and benefits, are subject to bargaining.*

UC Davis Health provides comprehensive professional liability coverage for your professional activities (both on-site and off-site) that fall within the course and scope of your training 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, except as otherwise provided in an agreement to which UC Davis Health (including UC Davis Medical Center and/or the UC Davis School of Medicine) is a party (<https://www.ucop.edu/risk-services/risk-financing-claims/professional-medical-hospital-liability.html>).

Appointments are for one year and are subject to annual renewal based upon satisfactory performance. Your appointment is contingent upon meeting the Cardiology training program eligibility requirements as specified by your Department, UC Davis Health, the Accreditation Council for Graduate Medical Education (if applicable), any applicable governing bodies and/or relevant specialty boards.

Information regarding your responsibilities as a member of the Resident Medical Staff is contained in your position description and the UC Davis Health Resident Medical Staff Personnel Policy (RMS), and other GME policies (including but not limited to vacation, and leave(s) of absence, including medical, parental, and caregiver leave(s) of absence, and compliant with applicable laws) which can be found at: <https://health.ucdavis.edu/gme/policypage.html>. Specialty boards define the amount of permitted time off for each training program. Extensions to training may be incurred by residents or fellows who take advantage of all available paid time off or who do not meet academic expectations.

The RMS contains policies that cover a full range of HR topics (including but not limited to grievance and due process). Information related to eligibility for specialty board examinations can be found at <https://www.abms.org/member-boards/contact-an-abms-member-board/>. A summary of key policies is located in Appendix A, "Benefits, Support and Personnel Policy Summary". If you have any questions regarding resident support, policies or conditions of your employment, please contact Holly Singleteary, HR Business Partner, at 916-734-1499 or by email at [hsingleteary@ucdavis.edu](mailto:hsingleteary@ucdavis.edu).

Your appointment is contingent upon meeting California Medical or Osteopathic Board licensure requirements. California Law states a Postgraduate Training License (PTL) is required for all trainees during their first twelve months of ACGME Training. A Physician and Surgeon Medical License (P&S) is required for all training beyond the initial twelve months. International Medical Graduates will spend twenty-four months on the PTL, before transitioning to a full license. You will also be required to provide documentation verifying your identity and employment eligibility/authorization to be hired for employment (<https://www.uscis.gov/i-9-central/acceptable-documents/who-issued-document>).

Additionally, if your appointment is contingent upon meeting the Educational Commission for Foreign Medical Graduates (ECFMG) requirements, you must satisfy the requirements throughout your training.

Please acknowledge acceptance of this appointment by signing all pages of the enclosed agreement, including the Employment Certification Form, and all other documents assigned to you. Upon completion, please upload the documents to your MedHub portal. Please note additional original signatures will be required, on specific documents at your assigned HR orientation. If you have any questions, please contact HR directly at 916-734-1499 or by email at [hrrsingleteary@ucdavis.edu](mailto:hrrsingleteary@ucdavis.edu).

Welcome to the UC Davis Health's Resident Medical Staff.

Sincerely,



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*Susan Guralnick, MD*

Associate Dean for Graduate Medical Education  
Designated Institutional Official  
Professor of Pediatrics



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### Appointment Acceptance

I accept this one-year appointment as a **Fellow**, training level **PGY 3** in the **Cardiology Program, Department of Internal Medicine** beginning on **7/1/2023** and ending on **6/30/2024**.

I understand that my appointment is subject to the Terms and Conditions stated herein, and in the UC Davis Health Resident Medical Staff Personnel Policy (RMS), and other GME policies which can be found at:  
<http://www.ucdmc.ucdavis.edu/gme>.

I understand and agree that my appointment is contingent upon meeting the Cardiology residency training program eligibility requirements as specified by my Department, UC Davis Health, the Accreditation Council for Graduate Medical Education (ACGME), and/or the relevant specialty board and successful completion of any and all departmental and HR prerequisites. These prerequisites may include, but are not limited to, medical clearance, drug testing, and a criminal background investigation. Certain clinical assignments/training sites may require an additional background clearance, drug screening and/or other requirements.

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

8/7/2023

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*Jane Smith Doe, MD*



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**Resident Medical Staff**

*Employment Certification Form*

Name: **Jane Smith Doe, MD**

Employee ID Number: **123456**

Academic Department: **Internal Medicine, Cardiology**

Title: **Resident Physician (Fellow) PGY 3**

Salary per Month: **\$1,234.56 (\$41,234.56 annually)**

Percent Time: **100%**

Start Date: **7/1/2023** and ending on **6/30/2024**

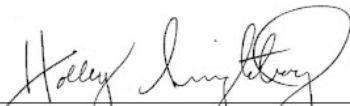
Employee Class: Academic Medical Fellow

I certify that the foregoing personal data is correct. I accept this position on the terms specified above and in my appointment/reappointment agreement. I recognize my 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, 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. I understand that my appointment is for one year, and reappointment is contingent upon my successful performance. *Terms and conditions of employment, including annual salary and benefits, are subject to bargaining.*

8/7/2023

\_\_\_\_\_  
*Jane Smith Doe, MD*

8/7/2023

  
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*Holly Singleteary, Human Resources Representative*