



RESIDENCY APPOINTMENT

Name _____

Contingent upon your timely satisfaction of the following conditions, Emory University hereby offers you an appointment in the Emory University School of Medicine residency program conducted through its affiliated hospitals.

1) Receipt of a Georgia Temporary Postgraduate Training Permit (pursuant to O.C.G.A.43-34-47 and Rules 360-2.09 through 360-2.12 and the House Staff Policies and Orientation Manual) prior to July 1, 2011 (you must submit a completed application for training permit to Emory’s Office of Graduate Medical Education at least 60 days prior to appointment date);

OR

2) Receipt of a Georgia Medical License (pursuant to O.C.G.A. 43-34-26(5) & 43-34-27, and the House Staff Policies and Orientation Manual) prior to July 1, 2012 (proof of which you must submit to Emory’s Office of Graduate Medical Education at least 60 days prior to appointment date). Georgia Medical Licenses are required for all residents who are PGY 8 or higher;

THESE LICENSURE/PERMIT OBLIGATIONS ARE CONTINUING THROUGHOUT THE TERM OF THIS AGREEMENT. The revocation, suspension or termination of your Georgia Temporary Post Graduate Training Permit or Georgia Medical License will constitute adequate grounds for the immediate termination of this Agreement.

You are offered an appointment as a Post Graduate Year _____ in the _____ Training Program effective for a period of One Year, beginning _____ and ending _____. Compensation shall be paid in monthly installments at an annual compensation rate of \$ _____. If less than a month is worked, compensation for that month shall be computed on a daily rate based on the compensation schedule in effect at that time.

All residents/fellows must follow the guidelines established by the ACGME and by the training program regarding resident duty hours.

The specific terms and conditions of your appointment as a resident/fellow in the Emory University School of Medicine residency program are described in and governed by the provisions of the House Staff Policies and Procedures Manual. A current copy of this manual can be found on www.med.emory.edu/gme/. This Agreement, together with the House Staff Manual, shall also govern your relationship with each of the Affiliated Hospitals to which you are assigned. All items in Section II.D of the ACGME Institutional requirements are addressed in the House Staff Manual. The table below provides the location in the manual.

Benefits, Conditions & Policies referenced in the House Staff Manual:

Location in House Staff Manual

1. Resident responsibilities	House Staff Manual, Section 1
2. Conditions under which living quarters, meals, laundry are provided	House Staff Manual, Section 3
3. Conditions for reappointment and promotion	House Staff Manual, Section 5
4. Grievance procedures and due process	House Staff Manual, Sections 33-34
5. Professional liability insurance	House Staff Manual, Section 16
6. Liability insurance coverage for claims filed after completion of program	House Staff Manual, Section 16
7. Health and disability insurance	House Staff Manual, Section 3
8. Leave of absence policy	House Staff Manual, Section 4
9. Vacation policies	House Staff Manual, Section 4
10. Parental leave of absence	House Staff Manual, Section 4
11. Sick leave policies	House Staff Manual, Section 4
12. Policy on effects of leaves on satisfying criteria for program completion and eligibility for certification by the relevant certifying board.	House Staff Manual, Section 4
13. Duty-hour policies and procedures	House Staff Manual, Section 6
14. Policy on moonlighting	House Staff Manual, Section 6, Appendix D
15. Counseling, medical, psychological support services	House Staff Manual, Section 8-9
16. Policy on physician impairment and substance abuse	House Staff Manual, Section 8-9
17. Policy on sexual harassment and other forms of harassment	House Staff Manual, Appendix C
18. The Institution is committed to following applicable laws and to a fair and open campus environment	House Staff Manual, Appendix C

SIGNATURE REQUIRED ON THE BACK OF THIS PAGE

Any conditions or provisions described in the Manual, which are dependent upon the availability of resources beyond the control of Emory University, Emory University School of Medicine, or Emory University Affiliated Hospitals shall not be binding upon Emory in the event of the unavailability or loss of those resources. Throughout your appointment, you are also required to follow and abide by the rules and regulations of Emory University, Emory University School of Medicine and all hospitals affiliated with your training.

The term of this Agreement is only for the period described herein. An appointment for this period does not guarantee an appointment for any subsequent period. Emory University reserves the right to terminate this Agreement and the medical residency appointment, when, in its sole discretion, it determines that you have not satisfied your obligations under the Agreement, you have not complied with the terms and conditions of the program (including following all rules and regulations) or you have not performed satisfactorily in the program.

James R. Zaidan, M.D., M.B.A.
Associate Dean for Graduate Medical Education
Emory University School of Medicine

Date

I accept the above-described position in the Emory University School of Medicine Residency Training Program. I agree to abide by the rules and regulations of Emory University, Emory University School of Medicine, and the hospitals or facilities at which I will work during the course of my training. I have read, understand, and agree to abide by the terms and conditions set forth in the House Staff Policies and Orientation Manual. I understand that if I am a PGY 8 or higher, I must have a valid Georgia Medical License. I have attached a copy of my completed application for a Georgia Temporary Postgraduate Training Permit or a valid Georgia Medical License to this document.

Signature

Date

Name

«SS»