

August 1, 2019

Employee ID# 123456

Jane Smith Doe, MD
Medicine Division
Cardiology Program

Dear Dr. Doe:

UW Health (University of Wisconsin Hospitals and Clinics Authority) is pleased to offer you a full-time appointment in the Department of XXXXXX, Residency/Fellowship Program as a postgraduate trainee level X. Your clinical training appointment is for one year beginning X/X/2020 through X/XX/2021. The current annual stipend for this level of postgraduate training is \$XX,XXX and may increase in July, 2020. Your hire date is X/XX/2020 and may be prior to your clinical appointment date if orientation is scheduled before the clinical start. You will be paid as of your hire date.

The following requirements are among the conditions on which this agreement is made:

1. Pass the caregiver background information check;
2. Complete the employment eligibility verification (I-9 form);
3. Obtain clearance from Employee Health Service;
4. Complete all required orientation activities;
5. Obtain the appropriate medical license for your PG level;
6. Comply with CPR/BLS and other life-saving requirements (Policy 9.35);
7. Pass the USMLE or COMLEX exams for your PG level; and
8. If a non-U.S. citizen, must acquire or hold the acceptable work authorization.

This letter is the formal legal document regarding your appointment and agreement with the terms of training outlined in the UW Health Appointment Information for Residents and Fellows (AID) and the resident/fellow job description provided. To accept this appointment, e-sign below.

All terms of this appointment, including salary and benefits, will cease in the event of:

1. Non-compliance with any of the conditions of your appointment as indicated in the AID.
2. Misrepresentation or omission in any of your application materials or the Background Information Disclosure form.
3. Failure to sign this appointment letter within seven (7) days of receipt.
4. Resignation or termination of employment with UW Health.

If you have any questions, contact the UW Health Graduate Medical Education Office, (608) 263-0572 Option 5 or uwgme@uwhealth.org.

Sincerely,

M.D./Sr Vice President, Chief Clinical Officer

I hereby accept the position offered to me as stated above.

Jane Doe, MD