



March 31, of your training year

Jane Doe, MD
Department of Internal Medicine
Cardiology Program

Dear Dr. Doe:

The University of Wisconsin Hospitals and Clinics Authority (UWHCA) is pleased to offer you an appointment in the Department of Internal Medicine, Cardiology program as a postgraduate trainee level 3. Your clinical training appointment is for one year beginning July 1, (training year) through June 30, (next training year). The annual stipend for this level of postgraduate training is \$XX,XXX, pending UW Health Board approval.

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

1. If applicable, acquisition of appropriate training visa (J-1 Physician) for the current training year;
2. Maintain all employee health requirements such as an annual TB test and flu shot;
3. Obtain and maintain the appropriate medical license for your training level;
4. Obtain and maintain DEA license for your PG level;
5. Complete required training such as Annual Safety and Infection Control;
6. Maintain CPR/BLS and other life-saving certifications (policy 9.35); and
7. No disqualifying offenses disclosed on the background check.

If you accept this agreement, please e-sign this letter below by July 1, (training year). This letter is the formal, legal document regarding your appointment and your agreement with the terms of training as outlined in the *(current year) UW Health Appointment Information for Residents and Fellows* document (attached).

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

1. Non-compliance with any other conditions of your appointment as indicated in the Annual Information Document;
2. Misrepresentation or omission in any of your application materials or the Background Information Disclosure form;
3. Failure to e-sign this appointment letter below in the MedHub system by July 1, (current year); or
4. Resignation or termination from employment with UW Health

If you have any questions, do not hesitate to contact the UW Health Graduate Medical Education Office, 2639 University Avenue, Suite 201, Madison, WI 53705-3750; (608) 263-0572, option 5, or uwgme@uwhealth.org.

Sincerely,

Christopher Green, M.D.
Senior Vice President for Medical Affairs

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

Do not sign at this time – only sample
Signature

Date