



School of Medicine
Office of the Dean

Graduate Medical Education
500 Parnassus Avenue
MU-250 East
San Francisco, CA 94143-0474
tel: 415/476-4562
fax: 415/502-4166

DATE

RESIDENT/FELLOW NAME
RESIDENT/FELLOW EMAIL

Dear Dr. _____,

It is our pleasure to offer you an appointment to the Housestaff in the Department of _____ at the University of California San Francisco for the academic year of 2020 - 2021. We are very pleased about your selection and look forward to your joining our Department.

Appointments are granted for a period of one year and must be renewed each academic year based upon mutual agreement. This contract is for the period commencing _____, 2020 and ending _____, 2021. Conditions for reappointment are further described in the UCSF Housestaff Information Booklet. The contract(s) for subsequent years of training will be presented to you no later than four months prior to the end of this current contract (more information regarding this may be found in the Academic Due Process Policy in the UCSF Housestaff Information Booklet).

Your postgraduate training year (PGY) in the _____ Program will be PGY _____. UCSF residents and fellows in the School of Medicine are members of a bargaining unit represented by the Committee of Interns and Residents, SEIU Healthcare (CIR). UCSF trainees may also be members of a bargaining unit represented by CIR when rotating at ZSFG. Deductions will be taken from your gross pay by CIR if you are a member of either bargaining unit. For more information, please contact your program administrator. Your salary for the academic year, based on the collective bargaining agreement will be \$ _____. Actual earnings may vary depending upon hospital rotation assignment.

As a non-ACGME/non-ABMS fellow, you are also required to have an appointment as a Clinical Instructor without Salary and be assigned basic medical staff privileges consistent with your residency training. Exceptions to this policy may be granted by the Office of Graduate Medical Education for those working under faculty supervision at all times. Your program coordinator will assist you with this process.

The Housestaff Information Booklet describes institutional policies and procedures applicable to residents and fellows appointed to the UCSF Housestaff. Program-specific policies are available from your program coordinator. The Booklet can be read in full via the UCSF School of Medicine website: <http://medschool.ucsf.edu/gme/>. In particular, please note the following policies:

- Resident and fellow responsibilities
- Leave, including vacation, education, sick, and parental as well as the effect of leave on the ability of trainees to satisfy requirement for program completion
- Professional liability insurance (including tail coverage)
- Conditions for reappointment and promotion
- Conditions of non-renewal of appointment
- Counseling services/physician impairment
- Program closure/reduction
- Health and disability insurance
- Grievance and due process
- Moonlighting
- Duty hours
- General competencies
- Gender, sexual, and other forms of harassment

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- Restrictive covenants
- Background screening

UCSF trainees are offered a robust benefits package that includes health, dental, vision, life, and long-term disability. For more information, <http://ucsfhr.ucsf.edu/index.php/residents/>

The University of California has self-insurance coverage for professional liability insurance. Trainees are covered by this insurance when working within the course and scope of their training programs. In the event that a claim involving a trainee's work is brought after the trainee has left UCSF, trainees are expected to cooperate and participate in the defense of the litigation or claim without the expectation of compensation. Coverage specifics can be found at <http://www.rmis.ucsf.edu>.

Physician assistance programs are available for counseling and psychological support. In addition, the Faculty & Staff Assistance Program provides confidential well-being resources for Housestaff (<http://www.ucsfhr.ucsf.edu/assist/index.html>). The UCSF policy on physician impairment and substance abuse as well as resources to help with these problems are available in the Housestaff Information Booklet.

UCSF provides some housing for employees. Housing Services (<http://www.campuslifeservices.ucsf.edu/housing/>) can assist you with this and other housing options.

For more information regarding eligibility for specialty board examinations please ask your program director or program coordinator or go to the American Board of Medical Specialties website at <http://www.abms.org>

More information concerning gender, sexual, and other forms of harassment can be obtained by contacting the UCSF Affirmative Action Equal Opportunity Office (<http://diversity.ucsf.edu/aaeo>).

Please acknowledge your acceptance of this appointment and your agreement to comply with all University and Medical Center policies, including those described in the UCSF Housestaff Information Booklet, by signing and returning this letter as soon as possible. By signing this letter you are authorizing UCSF to conduct a background check for the purpose of evaluating you for employment, promotion, reassignment, or retention, and agree that follow-up background checks may be done for cause at any time during the course of employment. This offer of training is dependent upon the results of your signed attestation statement (attached) and its review by the program as well as satisfactory results from the background check. Any "yes" response on the attestation statement requires an explanation. After review of your explanation of "yes" statements and/or the background screening results, our offer of a contract for training may be revoked or the conditions of the offer revised.

We look forward to our association with you in our training program. If you have any questions regarding the above please contact us. Please sign below and return indicating your understanding of the above, your access to the UCSF Housestaff Information Booklet on the UCSF School of Medicine GME website, and your acceptance of our offer.

Sincerely,

Name
Training Program Director

Name
Professor and Chair of _____

By signing below I acknowledge the appointment as described above and I acknowledge that I have read UCSF Housestaff Information Booklet.

Name of Resident/Fellow

Date

SAMPLE