

April 1, 20xx

Employee ID# 123456

Jane Doe, M.D.
Department of XXX
XXX Program

Dear Dr. Doe:

As the sponsoring institution of your Graduate Medical Education program, UW Health (University of Wisconsin Hospitals and Clinics) is pleased to offer you a full-time appointment in the Department of XXX, XXX Program as a postgraduate trainee level X. Your clinical training appointment is for one year beginning mm/dd/yy through mm/dd/yy. The current annual stipend for this level of postgraduate training is \$xx,xxx and may increase July 1. Your hire date is mm/dd/yy 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. Pass the UW Health Prospective Employee Health Assessment and Drug Screening;
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 required for your PG level; and
8. If a non-U.S. citizen, must acquire or hold a work authorization accepted by UW Health.

This letter is the formal legal document regarding your appointment and agreement with the terms of training outlined in the UW Health GME Resident & Fellow Handbook 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 UW Health GME Resident & Fellow Handbook.
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,

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

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

Do not sign - sample only

Jane Doe, M.D.