



April 1, 2023

Employee ID# {employee ID}

Jane Doe, MD
Department of {department}
{program} 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 {department}, {program} {residency/fellowship} Program as a postgraduate trainee level {PGY}. 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 \${stipend} and may increase on July 1. Your hire date may be earlier than your clinical appointment date if orientation is schedule prior to the clinical start. You will be paid as of your hire date.

All residents and fellows must abide by GME and UW Health policies and procedures; the UW Health code of conduct; and applicable state and federal laws. The following requirements are among the conditions upon which this agreement is made:

1. Pass the caregiver background information check; and
2. Complete the Employment Eligibility Verification Form I-9, and present original document(s) to establish identity and employment authorization; and
3. Pass the UW Health prospective employee health assessment and drug screening; and
4. Complete all required orientation activities; and
5. Obtain the appropriate medical license for your PG level; and
6. Comply with CPR/BLS and other life-saving requirements (Policy 9.35); and
7. Pass the USMLE or COMLEX exams for your PG level; and
8. If a non-U.S. citizen, must acquire or hold a work authorization accepted by UW Health for graduate medical education.

This letter is the formal legal document regarding your appointment and your agreement with the terms of training outlined in the [UW Health GME Resident & Fellow Handbook](#) and in the provided resident/fellow job description therein. 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 the appointment letter within seven 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 at 608-263-0572, option 5 or uwgme@uwhealth.org.

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

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

Jane Doe, MD