UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
GRADUATE MEDICAL EDUCATION APPOINTMENT AGREEMENT 2018-2019

NAME:________________________________________ PROGRAM:_____________________
VISA, if applicable: __________ ACGME Accredited: YES: ☐ NO: ☐

PGY (Functional*) LEVEL: __________ PGY (Stipend*) LEVEL if different:___________
Please note both “Program functional PGY level” AND “Stipend PGY level” if these are different

BI-WEEKLY SALARY: ____________________ ANNUAL SALARY: ____________________
(stipend may increase July 1, 2017)

EFFECTIVE DATES: FROM* ________________ TO ________________

This agreement automatically expires 60 days from proposed effective date if Massachusetts medical practice license and /or required immigration status/work authorization is not approved by that time. Expired agreement may be renewed at the discretion of the residency program director. Official start of employment requires a valid Massachusetts licensure, appropriate immigration status/work authorization documentation (if applicable), UMMS Employee Health Clearance including pre-employment drug testing per UMMS policy, UMass Memorial Credentialing, and completion of mandatory orientation curriculum.

The University:

1. appoints the above-named physician to a residency/fellowship position at above noted PGY and stipend.

2. agrees to provide an educational program that meets the General and Special Requirements of the “Essentials of Accredited Residencies” as established by the Accreditation Council for Graduate Medical Education (ACGME) for ACGME accredited Programs.

3. agrees to provide a stipend; vacation, sick and other leave; professional liability insurance; health insurance; other benefits; and advancement and due process procedures, all as specified in the UMMS Residency Programs Personnel Policies and related applicable UMMS Personnel Policies.

4. agrees to provide policies and conditions of appointment that are responsive to the health and well-being of residents. The policies manual and benefit information are available on the GME website and through the GME Office.

5. agrees to ensure that an appropriate level of clinical supervision is provided to all house staff during clinically relevant educational activities.

The Resident/Fellow:

1. has received and reviewed the UMMS Residency Programs Personnel Policies and Technical Standards including the Professionalism Guidelines and Residents and Fellows with Bloodborne Pathogen Infection Policy* (link: http://www.umassmed.edu/gme/future-residentsfellows/applicant-information-form/ ), as well as any Program Specific Technical Standards; where applicable, can meet these technical standards with or without reasonable accommodations(s); and agrees to abide by the policies and procedures therein, and to the bylaws and policies of the University, of the UMass Memorial Medical Center and of the hospitals and clinics to which the Resident/Fellow is assigned.

*Paper copies available from Program Coordinator upon request.
2. agrees to fulfill the educational and clinical responsibilities of the graduate medical training program, during the effective dates, as stated in the ACGME Special Requirements and other approved standards; and in accordance with the policies, procedures, and goals/objectives of the Residency/Fellowship Program.

3. agrees to the release of information, by the professional liability program, pertaining to the Resident’s professional practice; agrees to report to the University or its agent(s) incidents involving potential liability during the performance of professional services as part of the residency program which occur either at the UMass Memorial Medical Center or any other health care setting; and agrees to provide reasonable cooperation in the investigation and defense of any such incident by the University.

4. agrees to release of performance information by the program as required for ACGME Accreditation, Specialty Board Certification, State Licensure and other relevant regulatory agencies. agrees to release of information as required for reimbursement by third party payers.

5. shall obtain and maintain a valid Massachusetts Full or Limited Medical Practice License; and, as appropriate, proper immigration status/work authorization documentation. Failure to maintain such license and visa shall be grounds for termination.

6. shall authorize and successfully complete the Medical Center resident physician credentialing process.

7. shall comply with all initial employment requirements including, but not limited to, two-step Employee Health Clearance initiated within 3 months of start date and completion of all UMMS and training program mandatory orientation curriculum.

8. shall complete required USMLE or equivalent COMLEX or Canadian Licensing exams as follows:

   **PRIOR TO PGY1 Appointment:**
   USMLE Step 1 (or equivalent) and
   USMLE Step 2 CK AND CS (or equivalent):

   **PRIOR TO PGY3 or Above Appointment**
   USMLE Step 3 (or equivalent)

   Copies of OFFICIAL USMLE SCORE RESULTS MUST BE PROVIDED to the Office of Graduate Medical Education.

_____________________________________________  __________________________
Resident/Fellow  Date

_____________________________________________  __________________________
Program Director  Date

_____________________________________________  __________________________
Director of Graduate Medical Education  Date

9/20/2018