

March 18, 2011

## Dear Resident,

It is our pleasure to offer you an appointment to the Housestaff in the Department of Family and Community Medicine at the University of California San Francisco for the academic year of 2011-2012. We are very pleased you will be joining our residency training program.

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 **June 17, 2011** and ending **June 16, 2012.** 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 UCSF/SFGH Family and Community Medicine Residency Program will be **PGY1**. Your salary for the academic year, based on the 2011-12 University of California, Office of the President salary scale, will be \$49,291. In addition, you will receive a monthly housing stipend. Deductions will be taken from your gross pay by the Council of Interns and Residents (CIR) in the amount of 1.5% for union members and 1.32% for non-members when rotating at SFGH. For more information, please contact your program coordinator.

The *UCSF 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: <a href="http://medschool.ucsf.edu/gme/">http://medschool.ucsf.edu/gme/</a>. In particular, please note the following policies:

- General housestaff responsibilities
- Leave time policy (vacation, education, sick, parental, other leave of absence)
- Professional liability insurance (including tail coverage)
- Conditions of non-renewal of appointment
- Counseling services/physician impairment
- Program closure/reduction
- Health and disability insurance
- Academic due process leave policy
- Moonlighting
- Duty hours
- General competencies
- Gender, sexual, and other forms of harassment
- Restrictive covenants
- Background screening
- Board certification

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

Trainees in ACGME approved programs must abide by the moonlighting policy specific to their program/departmental policies which are consistent with the general UCSF moonlighting policy found in the *UCSF Housestaff Information Booklet*.

The UCSF duty hours policy is consistent with ACGME requirements. Trainees must become and remain educated in the duty hours requirements and general competencies. Trainees must provide accurate information as requested by their department and the Dean's office regarding duty hours and general competencies.

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

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

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,		
Teresa J. Villela, M.D.	Kevin Grumbach, M.D.	
Residency Program Director	Chair	
By signing below I accept the appointmen Information Booklet.	as described above and I acknowledge that I have read the	ne <i>UCSF Housestaff</i>
	Date	

«Last», «First» «MI»	«SSN»
Name (Last, First Middle)	Social Security Number

## Attestation (New Appointment) Office of Graduate Medical Education University of California, San Francisco

Complete this form truthfully and in its entirety and sign below. The attached offer of a training position at UCSF is dependent upon the results of your signed attestation statement and its review by the program. Any "yes" response requires an explanation on a separate page. After review of your explanation of "yes" statements, our offer of a contract for training may be revoked or the conditions of the offer revised.

Medical Education  List each medical school you have attended.									
Name of School		City, State	Date of		of Attendance yyy – mm/dd/yyyy)	Degree			
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T. H CA CH .	,		minations		DIVE CDEV OVE	1 1			
List all of the following Examination	ng exams you h	ave taken: USMLE, COMLEX, FLEX, NB			BME, SPEX, QME, state boards.  Pass/Fail				
Examination		Dat	e (mm/dd/yy)		Pass/Fail				
Postgraduate Training, Previous Employment, and Malpractice  List all postgraduate training and employment since receiving medical degree.  PLEASE ACCOUNT FOR ALL TIME SINCE GRADUATION (I.E. TIME STUDYING ABROAD).									
Institution/Location	Address, City, State, Country		Specialty/Activity			Dates (mm/dd/yyyy – mm/dd/yyyy)			

Social Security Number

Any "yes" response to the questions below requires a detailed explanation on a separate page. Failure to provide an adequate				
explanation may result in the delay or rejection of your (re)appointment.	37	NT.		
1. Has any medical malpractice judgment been entered against you in any professional liability case(s)?	Yes	No		
2. Has any settlement been made in any professional liability case in which you or your insurance carrier had to or				
agreed to make a monetary payment?				
3. Are you aware of any malpractice claims currently pending/under investigation against you?  4. Has any policy been canceled, or has any professional liability insurer refused to renew your policy or placed				
limitations on the scope of your coverage?				
5. Do you currently have, or have you had a problem associated with the use or misuse of drugs or controlled				
substances of any kind (whether obtained by prescription or otherwise), or alcohol? If yes, on a separate sheet				
please give a full explanation, including, without limitation, frequency and amount of use, the time period in				
which you engaged in such use, and the date last used.	Yes	No		
6. Do you have any reason you cannot safely perform all the essential mental and physical functions related to the				
specific clinical privileges you are requesting or required by your agreement with your training program and the				
School of Medicine, with or without reasonable accommodation, according to accepted standards of professional performance, and without posing a significant health and safety risk to others? If yes, on a separate sheet, please				
describe the essential function(s) and state the reason why you may not be able to safely perform it.	Yes	No		
7. Voluntarily or involuntarily, have any of the following ever been, or are currently being, denied, revoked,	103	110		
suspended, relinquished, withdrawn, reduced, limited, placed on probation, not renewed, or currently				
pending/under investigation?				
Medical/Psychology license in any state	Yes	No		
Other professional registration/license	Yes	No		
DEA Certificate of registration	Yes	No		
Academic appointment	Yes	No		
Membership on any hospital medical staff	Yes	No		
Clinical privileges, prerogatives/rights on any medical staff	Yes	No		
Board Certification	Yes	No		
Any other type of professional sanction	Yes	No		
8. Have you been subject to any disciplinary action in medical school or a post-graduate training program, or in any health care organization or medical society, or is any such action pending?		No		
9. Has any monitoring requirement been imposed?	Yes	No		
10. Have you resigned or taken a leave of absence in order to avoid possible revocation, suspension, or reduction				
of privileges at any hospital, institution, or training program?	Yes	No		
11. Have there been any, or are there any, misdemeanor or felony criminal convictions against you, or charges				
pending against you, including those under the Criminal Control Act?	Yes	No		
12. Are there any pending or completed administrative agency, government, or court cases, decisions or				
judgments involving allegations that you failed to comply with laws, statutes, regulations, or other legal	<b>.</b>			
requirements that may be applicable to the practice of your profession or to your rendition of service to patients?	Yes	No		
13. Are there any prior or pending government agency or third party payer proceedings or litigation challenging or sanctioning your patient admission, treatment, discharge, charging, collection, or utilization practices,				
including, but not limited to, Medicare Medicaid fraud and abuse proceedings or convictions?	Yes	No		
including, but not inflict to, incurcate victical trade and abuse proceedings of convictions:	105	110		
Candidate for Housestaff Appointment  My signature below indicates that I have provided complete and truthful information and answered the questions on to completely and honestly. I give permission for UCSF to validate any of the information provided above and in my Continuited to, previous training, previous medical staff appointments, and medical degree, at any time.		ling, but		
«First» «MI». «Last» Date				
Program Director  My signature below indicates that I have reviewed this candidate's responses to the questions and recommend him/he appointment.	er for hou	sestaff		
Teresa J. Villela, M.D. Date				