

# UC San Diego

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## HEALTH SCIENCES

October 14, 2011

To: Residency/Fellowship Program Directors  
Residency/Fellowship Program Coordinators

From: Cindy Slaughter, Director  
Office of Graduate Medical Education (OGME)

Cc: Stephen R. Hayden, MD  
Associate Dean for Graduate Medical Education and DIO

Subject: **UC San Diego Health Sciences (UCSDHS) Terms and Conditions of Appointment for Trainees in Graduate Medical Education (GME) Training Programs**

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Please be reminded that pursuant to policies of the ACGME, of the UC San Diego (UCSD) Graduate Medical Education Committee and of the National Residency Matching Program (NRMP), applicants to your training programs **must** receive documentation regarding the Terms and Conditions of Appointment to UCSD GME Training Programs. The attached UCSDHS Terms and Conditions of Appointment 2012-13 is provided for your use. It can be posted to your website or provided in writing to your applicants.

**NRMP REGULATIONS MANDATE THAT PROGRAMS MUST PROVIDE A COPY OF THE CONTRACT<sup>1</sup> THAT APPLICANTS WOULD BE EXPECTED TO SIGN IF MATCHED TO THE PROGRAM.** To assist you with this policy, we are providing sample documents of the UCSDHS Appointment Letter, UCSDHS Acceptance of Appointment<sup>2</sup>, Resident/Fellow Position Description, and the GME Attestation Form. Incoming trainees are required to complete and sign all documents.

Per **NRMP** regulations, this information **must** be communicated to interviewees in writing prior to the rank order list deadline. The **NRMP** recommends that each program obtain a signed acknowledgment of such communication from each applicant who interviews with their program. An acceptable alternative is to post the contract and policies on the institution's website<sup>3</sup> and notify interviewees where the information may be found. The signed acknowledgment should include a statement that the interviewee was notified that the information is posted on the website.

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<sup>1</sup> UCSDHS Appointment Letter, UC Acceptance of Appointment, Resident/Fellow Position Description, GME Attestation Form

<sup>2</sup> A signed Acceptance of Appointment is the UC's equivalent of a 'signed contract'

<sup>3</sup> The "institution's website" for this information is the UCSDMC OGME website: <http://meded.ucsd.edu/GME/>

## Summary

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1. The following UCSD application documents should be posted to your program website or be available for your applicants to view at the time of interview:

- Terms and Conditions of Appointment
- Appointment Letter and UCSDHS Acceptance of Appointment
- Resident/Fellow Position Description
- GME Attestation Form

2. **THE NRMP RECOMMENDS THAT EACH PROGRAM OBTAIN A SIGNED ACKNOWLEDGMENT OF RECEIPT OF THE AFOREMENTIONED DOCUMENTATION FROM EACH APPLICANT WHO INTERVIEWS WITH THEIR PROGRAM.**

The training program application (documents listed below) is available to anyone requesting a copy. Please invite interested parties to visit the **UCSDHS OGME website** (<http://meded.ucsd.edu/GME/>) for that information.

- UCSDHS Terms and Conditions of Appointment to UCSD GME Training Programs
- Policies: The House Officer Policy and Procedure (HOPPD) and GME Academic Policies, Procedures and Guidelines contain information regarding:
  - Institutional eligibility, selection and nondiscrimination criteria
  - Hours and working conditions policy
  - Supervision policy
  - Policies regarding Evaluation, Promotion, Corrective Action, and Dismissal
  - The specifics of the house officer group health, life, dental, vision and disability programs
- Sample UCSDHS Appointment Letter, UCSDHS Acceptance of Appointment, Resident/Fellow Position Description, and GME Attestation Form

Please feel free to contact the OGME if you have any questions regarding any of the policies or documents pertaining to the Terms and Conditions of Appointment.

Office of Graduate Medical Education  
200 West Arbor Drive, MC 8829  
San Diego, CA 92103-8829  
V: 619-543-8254  
F: 619-543-7850

# UC San Diego

## HEALTH SCIENCES

### TERMS AND CONDITIONS OF APPOINTMENT July 1, 2012 – June 30, 2013

#### SALARY SCALE

#### UC San Diego Health Sciences (UCSDHS) Salary Scale

##### Represented House Officer

Title Code	Position	Annual Salary
2709	Resident Physician 1	\$49,291
2723	Resident Physician 2	\$51,062
2723	Resident Physician 3	\$53,071
2723	Resident Physician 4	\$55,208
2723	Resident Physician 5	\$57,635
2723	Resident Physician 6	\$59,451
2723	Resident Physician 7	\$61,624
2723	Resident Physician 8	\$64,341
2738	Chief Resident	\$600

\*\*Salary reflects the 2011-12 Academic Year;  
2021-13 salary will post when available

##### NON-Represented House Officer

Title Code	Position	Annual Salary
2708	Resident Physician 1	\$49,291
2726	Resident Physician 2	\$51,062
2726	Resident Physician 3	\$53,071
2726	Resident Physician 4	\$55,208
2726	Resident Physician 5	\$57,635
2726	Resident Physician 6	\$59,451
2726	Resident Physician 7	\$61,624
2726	Resident Physician 8	\$64,341
2725	Chief Resident	\$600
	Pharmacy Residents	\$42,000
	Pharmacy Chief Resident	\$46,000

#### LEAVE POLICY

##### **Vacation**

House Officers accrue vacation at the official rate of 13.33 hours per month. This provides a total of 20 vacation "working days" per year. Due to the complexities of rotation schedules for House Officers in various training programs, 28 calendar days or one calendar month will be given as leave depending upon the mode of scheduling of a given service.

##### **Sick Leave**

House Officers shall accrue sick leave at the rate of 8 hours (one working day) per month, which is the equivalent of 12 working days per year.

##### **Sick Leave – Family Illness**

A House Officer shall be permitted to use not more than 30 days of accrued sick leave in any calendar year when required to be in attendance or to provide care because of the illness of the House Officer's spouse, parent, child, sibling, grandparent, or grandchild. In-laws and step-relatives in the relationships listed also are covered.

##### **Parental Leave: Pregnancy/Childbearing Disability Leave**

A House Officer disabled due to pregnancy, childbirth, or related medical conditions shall be granted a medical leave of absence of up to four months, but not to exceed the period of verified disability.

Pregnancy disability leave may consist of leave without pay and/or paid leave such as accrued sick leave, and accrued and/or advanced vacation leave.

If a House Officer on an approved pregnancy disability leave is also eligible for family and medical leave, (noted below under Family and Medical Leave), up to 12 work weeks of pregnancy disability leave shall run concurrently with family and medical leave under Federal law.

Upon termination of a pregnancy disability leave that runs concurrently with Federal family and medical leave, a House Officer is also entitled to up to 12 work weeks of State family and medical leave (designated as Supplemental Family and Medical Leave).

##### **Parental Leave: Paternity Leave**

Parental leave may be granted in accordance with the provisions of

- FMLA /CFRA– for the purpose of caring for the House Officer's newborn or a child placed with the House Officer for adoption or foster care

## LEAVE POLICY

### ***Family and Medical Leave***

Family and Medical Leave (FMLA) is provided for an eligible House Officer's serious health condition, the serious health condition of the House Officer's child, spouse, or parent, or to bond with the House Officer's newborn, adopted, or foster care child in accordance with State and Federal law in effect at the time the leave is granted.

A House Officer is entitled to up to 12 work weeks of FMLA leave during the 12 month leave year, provided that:

- The House Officer has at least 12 cumulative months of University service (all prior University service shall be used to calculate the 12-month service requirement); and
- The House Officer has worked at least 1,250 actual hours during the 12 months immediately preceding the commencement date of the leave.

### ***Professional Leave***

With the approval of the Training Program Director, House Officers may be granted up to five work days of leave with pay, per academic year, to pursue scholarly activities pursuant to their educational curriculum. Time not taken may not be carried over from one academic year to the next and will be forfeited.

### ***Effect of Leave on Completion of the Training Program***

Make-up time may be required to meet the educational objectives and certification requirements of the training program and/or the American Specialty Board when a House Officer is required to utilize leave time.

## PROFESSIONAL LIABILITY INSURANCE

### TYPE OF COVERAGE

UC Self-insured Retention (Fully Funded)

Tail Coverage is produced by virtue of the fact that the coverage is "per occurrence"

### LIMITS

\$1,000,000 each occurrence

\$3,000,000 aggregate

Additional excess insurance available if needed

The UC Self Insurance Program (UCSIP) will defend and indemnify House Officers and medical students against any professional or general liability or malpractice claim arising out of the House Officer's or medical student's acts or omissions that are within the course and scope of his/her University duties, for work completed during the training period. The UCSIP does not cover: (1) acts/omissions that are not within the course and scope of the House Officer's University duties, or (2) acts or omissions resulting from fraud, corruption, malice or criminal negligence.

UCSIP coverage for House Officers and part-time, volunteer clinical faculty is limited to specific assignments in specific locations. Work at affiliated or associated hospitals or elsewhere is covered when it falls within the course or scope of the House Officer's University appointment. However, "moonlighting" is not part of the residency program and is not covered under the UCSIP.

Questions regarding legal issues, including subpoenas should be addressed to the UCSDMC Office of Risk Management.

## HEALTH INSURANCE

House Officers are eligible for enrollment in the UCSD House Officer health, dental, vision, long term disability, and life insurance plans. Coverage is available for the House Officer, for a spouse, for dependent children or for a domestic partner. Two plans are available:

### ***Health Coverage***

- Fee for Service-PPO Plan
  - 3 tier fee-for-service indemnity plan
  - Insured may seek treatment anywhere from provider of choice
  - Services at UCSDMC (tier 1), are generally covered at 100% with no deductible and no co-insurance
  - Services obtained away from UCSDMC, within the PPO Network (tier 2), are generally covered at 80%, after satisfaction of a deductible amount
  - Services obtained outside of the PPO Network, (tier 3), are generally covered at 60%, after satisfaction of a deductible amount
  - Co-pays are required at all participating providers including UCSDMC for: Routine Exam, Emergency Room (unless admitted) and for Prescription Drugs
  - Maximum annual out-of-pocket expenses
    - ▶ In Network: \$1,000/Individual, \$2,000/Family
    - ▶ Out of Network: \$2,000/Individual, \$4,000/Family
- California Care HMO
  - Insured must select a primary care provider who will manage the care
  - No deductibles
  - Co-pays are required for Routine Exam, Outpatient Psychiatric Care, Prescription Drugs, Home Health Care, Emergency Room (unless admitted)
  - Maximum annual out-of-pocket expenses
    - ▶ In Network: \$1,000/Individual, \$3,000/Family

## **Vision Coverage**

The vision plan provides coverage for eye exams, lenses, frames, medically necessary contacts and cosmetic contacts. There is a deductible amount for services rendered. The plan requires that the insured uses specific participating providers in order to receive full benefits.

## **Dental Coverage**

Our Dental plan pays 100% for Preventative Care, 80% on Basic Care, and 50% towards Major Care.

## **Life Insurance**

Basic Life Insurance coverage is offered as a \$50,000 benefit.

## **Disability Insurance**

Long term disability insurance is provided by the University for members of the House Officer.

- Eligibility – The House Officer is appointed at least 20 hours each week or an average of 20 hours each week during the preceding 12 months.
- Definition of Disability – During the benefit waiting period and the next 24 months of disability, the House Officer is disabled if unable to perform with reasonable continuity the material duties of his/her own occupation as a resident physician. Benefits will end if the House Officer is working in any occupation and earning more than 80% of indexed pre-disability earnings. Thereafter, the House Officer is disabled if he/she is unable to perform the material duties of any occupation with an earnings test.
- Monthly Benefit – 60% of the first \$5,000 of pre-disability earnings reduced by deductible income. Maximum monthly benefit is \$3,000.
- Benefit Waiting Period – Benefits become payable after the House Officer has been continuously disabled for 30 calendar days.
- Conversion Insurance – LTD conversion insurance is available under defined parameters.

## **LIVING QUARTERS**

There are no permanent living quarters at UCSDMC for members of the staff, House Officer or employees.

## **ON CALL MEALS**

Adequate and appropriate food services are provided for House Officers who take first call and remain in the hospital overnight. Two meals are provided for Monday through Friday on call and three meals are provided for Saturday, Sunday and holiday call. A slightly different model is used for on call in the Emergency Department to reflect the actual shift time taken for call. Each meal has a maximum value of \$8.00.

## **UNIFORM AND UNIFORM LAUNDERING**

Three sets of uniforms (lab coats) are provided to the House Officers at the time of initial appointment. The lab coats will be laundered by UCSDMC at no charge to the House Officer. Uniforms that deteriorate through normal wear and tear shall be replaced by the Medical Center.

## **VISA REQUIREMENTS**

Noncitizens of this country may pursue residency and fellowship training at UCSD Medical Center while holding permanent resident status or while holding a J exchange visitor visa under the sponsorship of the ECFMG.

UCSD policy reflects that graduate medical education training is not completed by individuals who hold an H visa. An exception to this policy may be requested by the UCSD GME training program director for an applicant who is in the USA under an H visa at the time of application to the UCSD GME program.

## **SAMPLE HOUSE OFFICER UCSDHS APPOINTMENT LETTER (CONTRACT)**

Attached are samples of the initial appointment documents for all new incoming House Officers:

- UCSDHS Apoinment Letter (Contract)
- UCSDHS Acceptance of Appointment Form
- Resident/Fellow Position Description
- GME Attestation Form

# UC San Diego

## HEALTH SCIENCES

April 17, 2012

Walter E. O'Reilly, M.D.  
29 Birchwood Lake Knoll  
Ottumwa, IA 52501

Dear Doctor O'Reilly:

We are pleased to learn that you have accepted an appointment with UC San Diego Health Sciences (UCSDHS) for a first year postgraduate training position in **Department of XX**. The **XX** Categorical residency program is **XX** months in duration. Initial appointment and reappointment are made on an annual basis. Your initial appointment will extend from June 29, 2011 through June 30, 2012. The annual salary rate is **\$49,291** for the period of June 22, 2012 through June 30, 2012 and **\$XX,XXX.00** for the period July 1, 2012 through June 30, 2013. Reappointments are made on an annual basis following successful completion of the prior year of training. You may review the specifics on non-renewal of appointments and due process issues in the UCSD House Officer Policy and Procedure Document (HOPPD) available at the OGME website. <http://meded.ucsd.edu/gme/>

Please be advised that your appointment is contingent upon (1) A satisfactory Criminal Background Check (see attachment) (2) Compliance with the Medical Board of California licensure regulations (3) Federal Immigration laws and (4) Satisfactory completion of your current academic program.

***IMPORTANT NOTE:*** The following documents are among those enclosed. After reviewing, **please return completed, signed and dated documents within 10 days of receipt.**

1. UCSD Acceptance Form<sup>1</sup>
2. UCSD Resident/Fellow Position Description Document
3. UCSD GME Attestation Form

**Return ALL documents to:** Office of Graduate Medical Education, Registration  
UC San Diego – Mail Code 8829  
200 West Arbor Drive  
San Diego, CA 92103-8829

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<sup>1</sup>reflects Resident Physician level and the date of your appointment; receipt of a completed, signed and dated UC Acceptance Form indicates you accept the appointment being offered

## 1. UCSD Medical Center Orientation Program

The Office of Graduate Medical Education (OGME) will conduct its orientation and registration program in the hospital's main auditorium on:

**\*Thursday, June 22, 2011 at 6:30 a.m.**

**ATTENDANCE IS MANDATORY**

You will find an information sheet enclosed describing the orientation with a map of the Medical Center.

*\*Date and time subject to change*

## 2. House Officer Policy and Procedure Document GME Academic Policies, Procedures and Guidelines

These documents are available on the OGME website at <http://meded.ucsd.edu/gme/>

They contain the UCSD Medical Center policies and procedures for each of the following topics. Please refer to the HOPPD and the GME Academic Policies, Procedures and Guidelines for details on the 20 points noted below:

- Vacation Policy
- Policies on Gender or Other Forms of Harassment
- Policies on Housestaff Duty Hours and Working Environment
- Policies on Professional Activities External to the Educational Training Program Designated as Moonlighting
- Policies on Effect of Leave for Satisfying Completion of Program
- Leave of Absence Policy
- Policies on Physician Impairment and Substance Abuse
- Professional Liability Insurance (Tail Coverage)
- Disability and Health Insurance
- Professional Leave of Absence Benefits
- Parental Leave of Absence Benefits
- Sick Leave Benefits
- Counseling, Medical Psychological Support Services
- Conditions for Living Quarters, Meals, Laundry
- Residents' Responsibilities
- Duration of Appointment
- Conditions for Reappointment
- Grievance Procedures
- Residency Closure/Reduction
- Restrictive Covenants

## 3. Bylaws of the Medical Staff – UCSD Medical Center

This document is located on the UCSD Medical Center intranet at:

<http://www-ucsdhealthcare.ucsd.edu>

## 4. Occupational & Environmental Medicine

Review the enclosed material and comply with the instructions.

## 5. TB Control

Review the enclosed material and comply with the instructions.

## 6. Health, Life, Dental, Vision, and Group Long Term Disability Insurance Plans

The enclosed memo and pamphlet provides a description of the medical, dental, vision, life and long term disability plans offered by UCSD Medical Center for the period July 1, 2011 through June 30, 2012. A more detailed description is posted to our website at:

<http://meded.ucsd.edu/gme/>

The Medical Center covers the premium cost for coverage and there will be no charge for coverage to you. This includes single coverage, coverage for your spouse, your dependents and/or domestic partner.

Review the enclosed document to familiarize yourself with the plans. Online enrollment instructions are included in this document. You will not be able to access the online enrollment website until Orientation day.

When the 2012-13 insurance package is finalized, the revised descriptive material will be distributed at orientation and posted to the OGME website at:

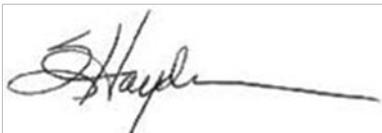
<http://meded.ucsd.edu/gme/>.

## 7. Specialty Board Examination

Information related to eligibility for your specialty board examination can be obtained through your training program. The list of specialty board contracts is also available on the OGME website: <http://meded.ucsd.edu/gme/>.

If you should have any questions or if we may be of assistance prior to your arrival, please do not hesitate to contact either Office of Graduate Medical Education at or your training program directly. Welcome to UCSD! I hope that the year ahead will be one of much learning, many new friendships and great personal and professional satisfaction.

Sincerely,



Stephen R. Hayden, M.D. FAAEM, FACEP  
Professor of Clinical Medicine  
Associate Dean of Graduate Medical Education and DIO

Enclosures

cc: Clinical Department

# UC San Diego HEALTH SCIENCES

Acceptance of Appointment by:

**Walter E. O’Rielly, M.D.**

I hereby acknowledge and accept appointment to UC San Diego Health Sciences

## Department of *Training Program*

as a **Resident Physician (RP1)** for the period:

**June 23, 2012 through July 1, 2013.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**1. Lab Coat (provided by UCSD Medical Center) Orders for New Appointee**

- I would like to order lab coats
- I do not wish to order lab coats

Women Sizes			Men’s Regular			Men’s Long	
<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 14	<input type="checkbox"/> 34	<input type="checkbox"/> 42	<input type="checkbox"/> 52	<input type="checkbox"/> 42	<input type="checkbox"/> 50
<input type="checkbox"/> 4	<input type="checkbox"/> 10	<input type="checkbox"/> 16	<input type="checkbox"/> 36	<input type="checkbox"/> 44	<input type="checkbox"/> 54	<input type="checkbox"/> 44	<input type="checkbox"/> 52
<input type="checkbox"/> 6	<input type="checkbox"/> 12	<input type="checkbox"/> 18	<input type="checkbox"/> 38	<input type="checkbox"/> 46	<input type="checkbox"/> 56	<input type="checkbox"/> 46	<input type="checkbox"/> 54
			<input type="checkbox"/> 40	<input type="checkbox"/> 48		<input type="checkbox"/> 48	<input type="checkbox"/> 56

**2. Do you have a California Medical License?**  Yes  No

CA Medical License \_\_\_\_\_

Expiration/Due Date \_\_\_\_\_

➔ **Attach a copy of your current wallet sized certificate**

**3. Do you have a DEA Certificate?**  Yes  No

DEA Certificate \_\_\_\_\_

Expiration Date \_\_\_\_\_

➔ **Attach a copy of your certificate.**

Authorized to prescribe the following schedules of controlled drugs:  **ALL listed** or check applicable:

- 2  2N  3  3N  4  5

# UC San Diego

## HEALTH SCIENCES

April 17, 2012

Benjamin Franklin Pierce, M.D.  
412 Black Point Road  
Crabapple Cove, ME 04440

Dear Doctor Pierce:

We are pleased to learn that you have accepted an appointment at the Resident Physician (**XX**) level at UC San Diego Health Sciences in **Department of XX**. The **XX** residency program is **XX** months in duration. Initial appointment and reappointment is made on an annual basis. Your initial appointment will extend from **June 30, 201X** through **June 30, 201X**. The annual salary rate is **\$XX,XXX.00** for the period of June 30, 201X through June 30, 201X and **\$XX,XXX.00** for the period July 1, 201X through June 30, 201X. Reappointments are made on an annual basis following successful completion of the prior year of training. You may review the specifics on non-renewal of appointments and due process issues in the UCSD House Officer Policy and Procedure Document (HOPPD) available at the OGME website. <http://meded.ucsd.edu/gme/>

Please be advised that your appointment is contingent upon (1) A satisfactory Criminal Background Check (see attachment) (2) Compliance with the Medical Board of California licensure regulations (3) Federal Immigration laws and (4) Satisfactory completion of your current academic program.

**IMPORTANT NOTE:** The following documents are among those enclosed. After reviewing, **please return completed, signed and dated documents within 10 days of receipt.**

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2. **UCSD Resident/Fellow Position Description Document**
3. **UCSD GME Attestation Form**

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- Conditions for Living Quarters, Meals, Laundry
- Residents' Responsibilities
- Duration of Appointment
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**4. Occupational & Environmental Medicine**

Review the enclosed material and comply with the instructions.

**5. TB Control**

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**6. Health, Life, Dental, Vision, and Group Long Term Disability Insurance Plans**

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Sincerely,



Stephen R. Hayden, M.D. FAAEM, FACEP  
Professor of Clinical Medicine  
Associate Dean of Graduate Medical Education and DIO

Enclosures

cc: Clinical Department

# UC San Diego HEALTH SCIENCES

Acceptance of Appointment by:

**Benjamin Franklin Pierce, M.D.**

I hereby acknowledge and accept appointment to UC San Diego Health Sciences:

**Department of *Training Program***

as a **Resident Physician (RP/FELX)** at for the period:

**June 30, 201X through June 30, 201X.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**1. Lab Coat (provided by UCSD Medical Center) Orders for New Appointee**

- I would like to order lab coats
- I do not wish to order lab coats

Women Sizes			Men's Regular			Men's Long	
<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 14	<input type="checkbox"/> 34	<input type="checkbox"/> 42	<input type="checkbox"/> 52	<input type="checkbox"/> 42	<input type="checkbox"/> 50
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			<input type="checkbox"/> 40	<input type="checkbox"/> 48		<input type="checkbox"/> 48	<input type="checkbox"/> 56

**2. Do you have a California Medical License?**  Yes  No

CA Medical License \_\_\_\_\_

Expiration/Due Date \_\_\_\_\_

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DEA Certificate \_\_\_\_\_

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- 2  2N  3  3N  4  5

~Sample~ Position Description

# UC San Diego

## HEALTH SCIENCES

### UCSD RESIDENT / FELLOW POSITION DESCRIPTION

The goal of the graduate medical education training program is to (a) provide trainees (interns, residents, and fellows) with an extensive experience in the art and science of medicine in order to achieve excellence in the diagnosis, care, and treatment of patients and (b) to establish trainee' eligibility to participate in the relevant ABMS Specialty Board examination. To achieve this goal, the trainee agrees to do the following for the duration of his/her graduate medical education training at UCSD Medical Center:

1. Develop and participate in a personal program of self-study and professional growth with guidance from the Medical School's teaching staff.
2. Under the supervision of the Medical School's teaching staff, participate in safe, effective and compassionate patient care, consistent with the trainee's level of education and experience.
3. Participate fully in the educational activities of the residency/fellowship program and assume responsibility for participation in the teaching of more junior physicians, of medical students and students in allied health professions.
4. Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures and policies of the institution.
5. Participate in the standing committees of the Medical Staff and institutional committees, as assigned by the program director, especially those that relate to patient care review activities.
6. Develop an understanding of ethical, socioeconomic and medical/legal issues that affect graduate medical education and the practice of medicine. Learn cost containment measures in the provision of patient care.
7. Perform all duties in accordance with the established practices, procedures and policies of the institution, its programs, clinical departments and other institutions to which the resident/fellow is assigned.
8. Strict adherence to the moonlighting policies of UCSD and to the program in which the resident/fellow is appointed.
9. Comply with the duty hour and working condition policies of UCSD and the program in which the resident/fellow is appointed. This includes, in part, completion of surveys or data entry into GME database management systems as required by the training program, the Medical Center, and the ACGME.
10. Adhere to the program's call schedule and schedule of assignment.
11. Document patient care in the medical record in a timely fashion as per Medical Staff policy.
12. Adhere to the ACGME Institutional Requirements and to the ACGME-RRC Program Requirements for the specialty in which the resident/fellow is in training.
13. Participate in the evaluation of the training program and its faculty.
14. Comply with the licensure requirements of the State of California, and the laws of the State and Federal Governments.
15. Comply with specific/special requirements of Affiliated Institutions to which trainee may rotate as part of his/her training. These requirements may include, but are not limited to, criminal background checks, substance abuse testing, health screenings, providing additional paperwork/information, etc.
16. Adhere to the policies defined in the UCSDMC document entitled, Guidelines for Managing Impaired Residents and the UCSD House Officer Policy and Procedure Document.
17. Adhere to UCSD Office of Graduate Medical Education Resident Use of Email policy

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Trainee Signature	Date
Trainee Name	Name of Department / Program

# UC San Diego

## HEALTH SCIENCES

### UC San Diego House Officer Attestation Questionnaire

The attached appointment letter for a training position at UC San Diego is contingent upon the results of the signed attestation questionnaire and completion of a criminal background check. **A "Yes" answer to any question other than number 1 requires a detailed explanation (attach separate pages if necessary).** After review of the explanation of "Yes" answers, the offer of appointment may be withdrawn or the conditions of the offer revised.

1. Are you able to perform all of the duties and services (including procedures) required by your training program and meet all applicable programmatic standards? (If you require a reasonable accommodation please attach a separate sheet with explanation)  Yes  No
2. Have you been treated for or had a recurrence of a diagnosed addictive disorder?  Yes  No
3. Have you been diagnosed with an emotional, mental, or behavioral disorder that impairs your ability to practice medicine safely or to meet the programmatic standards of your specialty?  Yes  No
4. Have you ever been diagnosed with a neurological or other physical condition that impairs your ability to practice medicine safely or to meet the programmatic standards of your specialty?  Yes  No
5. Do you have any other condition (including communicable health condition) which impairs your ability to practice medicine safely, to meet the programmatic standards of your specialty, or that poses a risk to your patients?  Yes  No
6. Do you use drugs illegally or use prescription medications not under the supervision of a licensed healthcare professional?  Yes  No
7. Regardless of the final outcome (dismissal, expunged, conviction, etc.) have you ever been charged with, convicted of, pled guilty or nolo contendere to any state or federal crime (other than minor traffic offenses)? Have you been named as a defendant in any criminal complaint or is there any criminal investigation pending in any state or foreign country against you?  Yes  No
8. Have you ever been convicted of any sex offense, including but not limited to any offense involving a child?  Yes  No
9. Have you ever been terminated, dismissed, expelled, resigned, placed on probation, disciplined or placed under investigation, or have any limitations or special requirements been placed upon you for any reason in a prior educational experience or training program (including undergraduate, medical school, or graduate medical education)?  Yes  No
10. Have you ever had a license to practice medicine or allied health profession denied, revoked, limited or placed on probation, or subject to any other disciplinary action?  Yes  No
11. Has your Drug Enforcement Administration (DEA) registration ever been denied, limited, restricted, revoked, not renewed, or subject to any probationary conditions, or have you voluntarily or involuntarily relinquished it or have you ever been notified you are the subject of an investigation that is still pending?  Yes  No
12. Have you ever been denied certification or re-certification by a specialty board?  Yes  No
13. Have any malpractice claims been filed or judgments entered against you or another entity on your behalf in a professional liability case or is a case pending?  Yes  No
14. Have you ever been enrolled in, required to enter into, or participated in a drug or alcohol treatment or recovery program or impaired practitioner program?  Yes  No

By my signature below, I attest that I have provided complete and truthful information and answered these questions to the best of my knowledge. I give permission to UC San Diego to verify the information provided above, or request further information or documentation. I understand that failure to comply with a request for further information may result in withdrawal of the offer of appointment or that the terms and conditions of the offer may be revised.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Provided for detailed explanation to all "Yes" answers in the UC San Diego House Officer Attestation Questionnaire. Please attach a separate pages as needed to fulfil this disclosure requirement.

Name \_\_\_\_\_

Question # \_\_\_\_\_

Explanation

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Question # \_\_\_\_\_

Explanation