

UNIVERSITY OF IOWA HOSPITALS AND CLINICS
Iowa City, Iowa

GRADUATE MEDICAL AND DENTAL EDUCATION
APPOINTMENT CONTRACT

I, «First Name» «Middle» «Last Name» «Suffix», «Degree», accept the offer of a graduate educational appointment as a «Year»-Year Resident (House Staff Stipend Level «Stipend») – «Training Program» in the Department of «Department», Division of «Division» by the University of Iowa Hospitals and Clinics for the period «Contract Start Date» through «Contract End Date».

EDUCATIONAL EXPERIENCE AND RESPONSIBILITIES. I understand that I will be provided the opportunity to fulfill the requirements of the «current year in program» year of a «program duration»-year residency. I agree to meet the responsibilities inherent in the appointed position to the best of my ability for the duration of the appointment. The attached "General Statement of Educational Experience Locus and General Responsibilities of House Staff" and "Policy for Resident Supervision and Duty Hours" are part of this contract.

I have read the Bylaws, Rules and Regulations of the University of Iowa Hospitals and Clinics and its Clinical Staff and I agree to be bound by its terms, including future amendments. I further agree to abide by all other policies, procedures and rules of the University Hospitals, its clinical departments, the University of Iowa, and affiliated organizations, which may be in force during the appointment period.


I represent and warrant that all of the information provided in my application for this appointed position is correct and complete to the best of my knowledge and belief. I understand that willful falsification or willful omission of information could result in the immediate termination of my appointment. Further, I understand that this appointment is contingent upon my successful licensure by the Iowa Board of Medical Examiners, completion of a successful background check, and upon my visa status being in compliance with all UIHC policies.

CLINICAL PRACTICE. During the appointment period, I agree to engage in no clinical practice activity without the clearance of my program director. If I engage in any clinical practice outside of my training program, I do so as a private practitioner. I understand that neither the University Hospitals nor my program director accept any responsibility for outside practice and that I am exclusively responsible for all liability or other legal matters associated with such outside practice. The attached "Policy and Procedure Regarding Professional Activity Outside the Training Program by House Staff Physicians and Dentists", is part of this contract.

STIPEND AND BENEFITS. Stipend and other benefits for the appointment period will be as described in the attached "Statement on Stipend and Benefits" which is part of this contract.

DUE PROCESS. In the event of suspension without pay or discharge, the rights set forth in Article IV, Section 7 of the Bylaws shall be applicable. Any other concerns of House Staff members will be addressed in the manner described in the attached "Statement on House Staff Member Concerns."

RENEWAL. I understand that a renewal educational appointment contract may be issued for no more than one year at a time contingent upon availability of funding, continuing program size and my demonstration of satisfactory performance in the training program and adherence to institutional and departmental rules and regulations.



Mark C. Wilson, M.D.
Director, Graduate Medical Education

Signed: _____
(Appointee)

(Date)

Permanent Address:

Program Director

