

UNIVERSITY OF IOWA HOSPITALS AND CLINICS
Iowa City, Iowa

GRADUATE MEDICAL AND DENTAL EDUCATION
AGREEMENT CONCERNING FUTURE APPOINTMENT

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» by the University of Iowa Hospitals and Clinics for the period «Contract Start Date» through «Contract End Date».

I understand that the appointment is contingent on professional licensure in the State of Iowa, compliance with applicable visa requirements, satisfactory completion of a background check and achievement of the following prerequisite: one year post-graduate residency training.

I understand that the appointment is contingent on my signing the then current appointment contract of the University of Iowa Hospitals and Clinics between March 1 and May 1 of the year in which the appointment starts.

I understand that the appointment is also contingent on continued availability of funding and continuing size of the program.

This agreement is void if signed before the prospective appointee's final year of medical/dental school.



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

Signed: _____
(Appointee)

(Date)

Permanent Address:

Program Director

