

UNIVERSITY OF IOWA HOSPITALS AND CLINICS
Iowa City, Iowa



TEMPORARY HOUSE STAFF APPOINTMENT CONTRACT

Whereas, I _____, have a postgraduate educational appointment in the residency program of _____ and have been assigned to a rotation in the Department of _____ at the University of Iowa Hospitals and Clinics for the period _____ through _____, I hereby agree to abide by the Bylaws, Rules and Regulations of the University of Iowa Hospitals and Clinics and its Clinical Staff, which I have read. I further agree to abide by directives of the University Hospital Advisory Committee and the rules and regulations of the clinical service responsible for my rotation.

I understand that professional liability coverage under the Iowa State Tort Claims Act, Chapter 669, Code of Iowa, will be available to me during my rotation at University Hospitals. This coverage will be secondary to any other professional liability insurance coverage maintained by myself or my primary institution that is effective during my rotation at University Hospitals.

I received my medical degree from _____ in the year _____. My _____ (list the state where current medical license was issued) medical license number is _____.

I have completed the following periods of postgraduate medical training (specialty, institution, dates):

Signed _____ Date _____

I approve this rotation.

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

Clinical Service Head

Date

Date