



Department of Family & Community Medicine

UCSF Department of
Family & Community Medicine

UCSF Family & Community
Medicine Residency Program
at San Francisco General Hospital

1001 Potrero Avenue
Building 80-83
San Francisco, CA 94110

DATE
RESIDENT NAME
RESIDENT ADDRESS

Dear Dr. _____,

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 2008-2009. We are very pleased about your selection and look forward to your joining our Department.

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 _____, 2008 and ending _____, 2009. 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 _____ Program will be PGY _____. Your salary for the academic year, based on the University of California, Office of the President salary scale will be \$ _____. Actual earnings may vary depending upon hospital rotation assignment when your payroll is other than UCSF. Residents and fellows are paid monthly if paid by UCSF and bi-weekly if paid by the City and County of San Francisco (this is dependent upon your rotations).

The 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: <http://medschool.ucsf.edu/gme/>. 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

More information concerning gender, sexual, and other forms of harassment can be obtained by contacting the UCSF Affirmative Action Equal Opportunity Office (<http://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 at the Mission Bay Campus. The UCSF Housing Office (<http://www.campusliveservices.ucsf.edu/housing/>) can assist you with this and other housing options.

Physician assistance programs are available for counseling and psychological support. In addition, the Faculty & Staff Assistance Program provides confidential well-being resources for Housestaff (<http://www.ucsfhr.ucsf.edu/assist/index.html>). The UCSF policy on physician impairment and substance abuse as well as resources to help with these problems are available in the 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. In addition, this offer of training is dependent upon the results of your signed attestation statement (attached) and its review by the program. Any "yes" response requires an explanation. 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.

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.
Program Director

Kevin Grumbach, M.D.
Chair

By signing below I acknowledge the appointment as described above and I acknowledge that I have read the UCSF Housestaff Information Booklet.

NAME OF RESIDENT

DATE

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.		
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?	Yes	No
3. Are you aware of any malpractice claims currently pending/under investigation against you?	Yes	No
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?	Yes	No
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, suspended, relinquished, withdrawn, reduced, limited, placed on probation, not renewed, or currently pending/under investigation? Medical/Psychology license in any state Other professional registration/license DEA Certificate of registration Academic appointment Membership on any hospital medical staff Clinical privileges, prerogatives/rights on any medical staff Board Certification Any other type of professional sanction	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No 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?	Yes	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 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

Candidate for House Staff Appointment

My signature below indicates that I have provided complete and truthful information and answered the questions on this page completely and honestly. I give permission for UCSF to validate any of the information provided above and in my CV, including, but not limited to, previous training, previous medical staff appointments, and medical degree, at any time.

Resident Signature

Date

Program Director

My signature below indicates that I have reviewed this candidate's responses to the questions and recommend him/her for housestaff appointment.

Program Director Signature

Date