

Date

Name

Address

State and Zip Code

Dear Dr. \_\_\_\_\_:

I am pleased to offer you a Resident Medical Staff appointment in the Department of **academic department name** at the University of California Davis, Health System (UCDHS) located in Sacramento, California. Appointments are contingent upon meeting the State of California licensure requirements and the ability to legally accept employment in the United States.

Your appointment will begin **date** (0800 hours) and will end on **date** (0800 hours). The postgraduate level to which you will be appointed during this period will be Resident PG **level**. The current monthly salary for this level is **salary**. In addition to a salary UCDHS will provide you with health, dental, vision, life and disability insurance. Comprehensive medical malpractice insurance coverage is also extended to you at no charge for your professional activities both on-site and off-site which fall within the course and scope of your employment but does not extend to any external moonlighting employment.

Appointments are made for a period of **one** year at a time and are subject to annual renewal based upon satisfactory performance and funding availability. Your appointment is contingent upon meeting the residency training program requirements as specified by your Department, the Accreditation Council for Graduate Medical Education and the relevant specialty board. **The duration of \_\_\_\_\_Residency (or Fellowship) Program at UCDHS is \_\_ years.** Information regarding your responsibilities as a member of the Resident Medical Staff are defined in your position description, the University of California Davis Health System Resident Medical Staff Personnel Policy and the Resident Medical Staff Manual which can be found at [http://www.ucdmc.ucdavis.edu/hr/hrdepts/resident\\_program/rmsppm.pdf](http://www.ucdmc.ucdavis.edu/hr/hrdepts/resident_program/rmsppm.pdf)

The Resident Medical Staff (RMS) Personnel Policy contains policies on related human resources topics. A summary listing all of the policies is provided on the enclosure titled "Resident Medical Staff Benefits, Support and Personnel Policy Summary." You will receive a copy of the RMS Personnel Policy Manual prior to the start of your appointment. Additional copies are available from Human Resources: Resident/Fellow Program Office. If you have any questions about resident support, benefits, or conditions of employment, please contact the Human Resources Resident/Fellow Program Office at (916) 734-3416 or 734-2756.

Please acknowledge acceptance of this appointment by signing this original appointment letter along with the other documents included in this packet and returning them no later than **date**. Please return **both** pages of the letter with your documents. A self-addressed return envelope is enclosed for your convenience.

I am pleased you will be joining us as a member of the UCDHS Resident Medical Staff. I am sure it will be a mutually rewarding and beneficial experience.

Sincerely,

Thomas Nesbitt, M.D., M.P.H.  
Executive Associate Dean  
Administration and Clinical Outreach  
Graduate Medical Education  
UCDHS

I accept a one year appointment as a Resident PG **level** in the Department of **academic department name**, beginning **date** (0800 hours) through **date** (0800 hours). I understand that my appointment is subject to the terms and conditions stated herein and in the UCDHS Resident Medical Staff Personnel Policy Manual. The contents of the Manual are provided in summary format as an enclosure. I will receive a copy of the RMS Personnel Policy Manual prior to my start date.

I understand and agree that my appointment is contingent upon successful completion of any and all departmental and Human Resources prerequisites. Said prerequisites may include, but are not limited to a medical clearance examination, a criminal background investigation; certain clinical assignments may require an additional background clearance and documentation proving authorization to work in the United States.

I declare that I am not currently, nor have I ever been excluded from participating in any Federal or State funded health care program.

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Signature

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Date

**Name of resident or fellow, prof title**

cc: Personnel File - Resident/Fellow Program Human Resources

attachments:

UCDHS Resident Medical Staff Benefits, Support & Personnel Policy Summary  
UCDHS New Resident Information Letter and Packet