

## NOTIFICATION OF TERMS AND CONDITIONS OF APPOINTMENT MEDICAL AND DENTAL RESIDENTS

Name: «Name»		Annual Salary: «PGSAL	Annual Salary: «PGSALARY».00	
		Administrative Suppler	Administrative Supplement: «SUPPLEMENT».00	
School	Title	Start	Stop	
School of Medicine	Medical Resident	«start_date»	«end_date»	

**<u>Appointment</u>**: This appointment is made by virtue of the authority vested by law in the West Virginia University Board of Governors and is subject to and in accordance with the provisions of the rules, regulations and policies of the governing Board.

1. <u>Conditions of Employment</u>: Consistent with the provisions of the rules, regulations, and policies of the governing Board and of West Virginia University, this appointment and/or compensation is/are subject to the fulfillment of the responsibilities of the position during the term of the appointment, the availability of the state funding, and the following:

1.1 License to Practice Medicine/Dentistry: If the medical resident holds a Medical Doctor (M.D.) degree and has already completed twelve months of residency training and is otherwise eligible for licensing, this appointment is subject to the resident obtaining and maintaining an unrestricted license to practice medicine from the State of West Virginia and/or from any other State's licensing authority where the resident has been assigned by the Dean of the School of Medicine. If the medical resident holds a Doctor of Osteopathy (D.O.) degree, this appointment is subject to the resident obtaining and maintaining an unrestricted license to practice medicine from the State of West Virginia Board of Osteopathy and/or from any other State's licensing authority where the resident has been assigned by the Dean of the School of Medicine. In the case of dental residents, this appointment is subject to the resident obtaining and unrestricted license to practice dentistry from the State of West Virginia and/or from any other State's licensing authority where the resident has been assigned by the Dean of the School of Medicine. In the case of dental residents, this appointment is subject to the resident obtaining and maintaining an unrestricted license to practice dentistry from the State of West Virginia and/or from any other State's licensing authority where the resident has been assigned by the Dean of the School of Medicine. In the case of dental residents, this appointment is subject to the resident obtaining and maintaining an unrestricted license to practice dentistry from the State of West Virginia and/or from any other State's licensing authority where the resident has been assigned by the Dean of the School of Dentistry.

1.2 <u>House Staff Responsibilities</u>: This appointment is subject to the resident obtaining and maintaining a house staff appointment at the affiliated hospital(s) to which resident is assigned by the Dean of the West Virginia University School of Medicine or Dentistry. The resident shall be subject to all policies, rules, and regulations of said affiliated hospitals(s).

1.3 <u>Health Maintenance Organizations, Managed Care Entities and Other Purchasers</u> <u>of Health Care:</u> Resident's signature below in acceptance of this appointment shall constitute the authorization by the resident for the School of Medicine or Dentistry or affiliated hospitals of the School of Medicine or Dentistry, to release confidential information concerning the resident's education, skills, quality of care, utilization, and patient care experience to health maintenance organizations, managed care entities and other purchasers of health care that contract for the provision of professional medical/dental services by residents. The resident participating in managed care activities shall be subject to all policies, rules, regulations and agreements of said organizations or entities.

2. <u>Benefits</u>: Information on benefits including conditions for reappointment, conditions under which living quarters, meals, laundry are provided, professional liability insurance, liability insurance coverage for claims filed after completion of the program, and health and disability insurance can be found in the House Staff Manual and the GME/WVU Bylaws, in print and on the GME website, at http://medicine.hsc.wvu.edu/gme.

2.1. <u>WVU Human Resources Policies</u>: WVU Policies regarding leaves include annual leave, sick leave, parental leave, leave of absence policy accommodations for disabilities, etc., and information about insurance may be found at http://benefits.hr.wvu.edu/ Policy on effects of leaves on satisfying criteria for program completion is determined by each department and subject to grievance process.

2.2. <u>WVU Faculty and Staff Assistance Program</u>: WVU Faculty and Staff Assistance Program is available for WVU employees and additional information may be accessed at www.hsc.wvu.edu/fsap/.

## 3. Miscellaneous:

3.1. <u>WVU Sexual Harassment Policy</u>: Information may be accessed at http://bog.wvu.edu/files/d/0d9c7853-4569-4895-b2bc-6bd7f00a3eaf/policy-44-december-18-2015-amendment.pdf

3.2. <u>Grievances</u>: Information may be accessed at <u>http://employeerelations.hr.wvu.edu/grievanceinformation</u> for Human Resources issues. Grievance procedure and due process for Academic issues may be accessed at http://medicine.hsc.wvu.edu/gme

3.3. <u>Other Policies</u>: Information on duty hour policies and procedures, policy on moonlighting, policy on other professional activities outside the program, counseling, medical, psychological support services, harassment, program closures & reductions, restrictive covenants, and the policy on physician impairment and substance abuse may be found at http://medicine.hsc.wvu.edu/gme .

4. <u>Specific Assignments</u>: Specific assignments of this appointment will be determined by the President or the President's designated representative and employment in the appointed position is contingent upon the fulfillment of the responsibilities assigned.

5. <u>Acceptance of Appointment</u>: This notification of terms and conditions of appointment must be signed, dated and returned to the Office of the Dean of the West Virginia University School of Medicine or Dentistry within ten (10) days of its receipt in order to indicate acceptance of the appointment. \_\_\_\_\_

E. Gordon Gee

Dean or Director

President

I hereby accept the appointment described above, subject to all the specified terms and conditions.

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Employee Signature

Date