UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
GRADUATE MEDICAL EDUCATION CHANGE OF PROGRAM
RESEARCH REAPPOINTMENT AGREEMENT (2019-2020)

NAME: ___________________________ PROGRAM: ___________________________

VISA (if applicable) ___________________
PGY LEVEL (FUNCTIONAL LEVEL): ___________ PGY STIPEND LEVEL (if different): ___________

EFFECTIVE DATES: FROM: JULY 1, 2019 TO: JUNE 30, 2020
(This agreement may be extended subject to mutual agreement between resident and program director. There is no guarantee for continuation of return to clinical training past two years from the start of the research years. Please note attached UMMS Resident Stipend and PGY-Level Guidelines concerning funding level during research and upon return to clinical training)

BI-WEEKLY STIPEND ___________________ ANNUAL STIPEND ___________________

The University:
1. reappoints the above-named physician to a residency/fellowship research position at the above-noted PGY-Level for the duration of the research, contingent upon successful completion of the current academic program year and all mandatory reappointment requirements.
2. agrees to provide a stipend; vacation, sick and other leave; professional liability insurance; health insurance; other benefits; and advancement and due process procedures, all as specified in the UMMS Residency Programs Personnel Policies, the UMMS Resident Stipend and PGY-Level Guidelines, the UMMS Personnel Action Form.
3. agrees to reappoint the above-named physician to the clinical residency program upon successful completion of the research appointment on the date approved by program director and completion of all UMMS mandatory appointment requirements.
4. agrees to provide policies and conditions of appointment that are responsive to the health and well-being of residents. Specific policies may be reviewed in the GME Handbook and Policies on the GME Resource Page (link: https://libraryguides.umassmed.edu/GME).
5. agrees to ensure that an appropriate level of clinical supervision is provided to all house staff during clinically relevant educational activities.

The Resident/Fellow Agrees To:
1. abide by applicable UMMS Residency Programs Personnel Policies and Technical Standards including the Professionalism Policy and Policy for Healthcare Workers Infected with Bloodborne Pathogen (link: http://www.umassmed.edu/gme/future-residentsfellows/applicant-information-form/), and to the bylaws and policies of the University, of the UMass Memorial Medical Center and of the hospitals, clinics, and laboratories to which the Resident/Fellow is assigned.
2. fulfill the educational, research, and clinical responsibilities of the graduate medical training program, during the effective dates, as stated in the ACGME Special Requirements and other approved standards; and in accordance with the policies, procedures, and goals/objectives of the Residency/Fellowship Program. Required clinical responsibilities including night and weekend coverage are attached to this form.
3. the release of information, by the professional liability program, pertaining to the Resident’s professional practice; agrees to report to the University or its agent(s) incidents involving potential liability during the performance of professional services as part of the residency program which occur either at the UMass Memorial Medical Center or any other health care setting; and agrees to provide reasonable cooperation in the investigation and defense of any such incident by the University.
4. the release of performance information by the program as required for ACGME accreditation, Specialty Board Certification, and State Licensure, and other relevant regulatory agencies. Agrees to release of information as required for reimbursement by third party payers.
5. maintain a valid Massachusetts Full or Limited Medical Practice License; and, as appropriate, a proper visa. Failure to maintain such license and/or visa shall be grounds for termination. **If licensure or visa renewal is delayed, a resident may be placed on unpaid administrative leave for up to 60 days** during which time s/he will not be able to work or receive any compensation. After 60 days the resident will be terminated.

6. complete all recertification requirements (BLS recertification, TB testing, and mandatory on-line retraining), and required USMLE or equivalent examinations as certified on the reverse side of this Reappointment Agreement.

In order to qualify for reappointment as a Resident/Fellow at the University of Massachusetts Medical School, I hereby attest to the following:

1. BLS Expiration Date
   Date: ____________________________

2. Annual TB test (no later than May 31, 2019)
   ______ Have Completed/Will Complete

   Reappointment will NOT be processed until OGME receives clearance from Employee Health. **Failure to clear Employee Health by the effective reappointment date will result in automatic suspension WITHOUT PAY.**

3. PGY2s and PGY3s **MUST ATTACH a copy of their most recent USMLE or COMLEX score results (if these have not already been provided to the GME Office).**

   **PLEASE NOTE:** Passage of USMLE Step 3 or COMLEX equivalent is required for appointment to PGY3 and above. If proof of results is not provided, you may not be reappointed.

4. I have completed/will complete mandatory web-based HealthStream (E-Learning 4 U) training modules no later than May 31, 2019.

   The program link can be accessed directly through: [www.healthstream.com/hlc/ummhc](http://www.healthstream.com/hlc/ummhc) or via the UMass Memorial website “OurNet” [http://ournet1.umassmemorial.org/Resources/Pages/Default.aspx](http://ournet1.umassmemorial.org/Resources/Pages/Default.aspx)

   **Reappointment will NOT be processed until OGME receives notification that all required HealthStream (E-Learning 4 U) modules and annual PPD have been completed and the OGME receives required USMLE or COMLEX scores (Step 3 for PGY3 reappointment). Anyone not in full compliance will be unable to work (or be paid) as of July 1, 2019!!!**

__________________________________________  __________________________
Resident/Fellow Signature  Date

__________________________________________  __________________________
Program Director  Date

__________________________________________  __________________________
Director of Graduate Medical Education  Date

Rev 12/5/2018