UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
GRADUATE MEDICAL EDUCATION REAPPOINTMENT AGREEMENT (2018-2019)

NAME: ___________________________ PROGRAM: ___________________________

VISA (if applicable) __________________

PGY LEVEL (FUNCTIONAL LEVEL): ___________ PGY STIPEND LEVEL (if different): ___________

EFFECTIVE DATES: FROM: JULY 1, 2018 TO: JUNE 30, 2019

BI-WEEKLY STIPEND: ________________ ANNUAL STIPEND: ________________

IF PGY LEVEL and SALARY ARE EXPECTED TO CHANGE DURING THE ACADEMIC YEAR, PLEASE PROVIDE THE NEW LEVEL, ANNUAL STIPEND AND EFFECTIVE DATES:

PGY LEVEL: ___________ ANNUAL STIPEND: ________________

EFFECTIVE DATES: FROM: ________________ TO: JUNE 30, 2019

The University:
1. reappoints the above-named physician to a residency/fellowship position at the above-noted PGY-Level, contingent upon successful completion of the current academic program year and all mandatory reappointment requirements.
2. agrees to provide an educational program that meets the General and Special Requirements of the “Essentials of Accredited Residencies” as established by the Accreditation Council for Graduate Medical Education (ACGME).
3. 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 and related applicable UMMS Personnel Policies.
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 and clinics to which the Resident/Fellow is assigned.
2. fulfill the educational 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.
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

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will 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 PPD (no later than May 31, 2018)            ________ 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 Step 3 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, 2018.

   The program link can be accessed directly through: www.healthstream.com/hlc/ummhc or via the UMass Memorial website “OurNet” 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 TB test 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, 2018!!!**

_________________________________________  __________________________________________
Resident/Fellow Signature                                 Date

_________________________________________  __________________________________________
Program Director                                         Date

_________________________________________  __________________________________________
Director of Graduate Medical Education                        Date

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