

Agreement for Appointment – Graduate Medical Education

Eastern Virginia Medical School
P.O. Box 1980
Norfolk, Virginia 23501

NAME: _____ SS#: _____
Please Print or Type

DEPARTMENT/PROGRAM: _____

INTERN RESIDENT FELLOW POST GRADUATE YEAR: _____

CONTRACT PERIOD: _____, 20____ through _____, 20____ STIPEND RATE: \$ _____
(subject to final approval)

DUE DATE: _____ (If a signed agreement is not returned by this date, the appointment offer will be withdrawn)

We are pleased to offer you an appointment as a graduate medical education trainee in the above program. The offer contained in this Agreement is provisional pending receipt of all required signatures, appointment documents, a training or full license to practice medicine in the Commonwealth of Virginia, and, if applicable, receipt and approval of all necessary documentation from prior employers/institutions. Please note that all appointment documents are due by April 15th. Employment documents not received by Eastern Virginia Medical School as of July 1st will delay the start date of your clinical training program. The related time period for the delayed start will be leave without pay or be charged to your vacation time.

A Criminal Background check is required for entering trainees. By signature on this agreement, you consent to be fingerprinted for the criminal background check. Identification and confirmation of felony convictions may result in termination of this agreement and result in dismissal from the program.

As a trainee enrolled at Eastern Virginia Medical School, your performance, conduct and all matters relative to graduate medical training are governed by the laws of the Commonwealth of Virginia regulating the practice of medicine by physicians and graduate medical education trainees. You are bound by the rules and regulations of your Department and the bylaws, policies and procedures of Eastern Virginia Medical School (available through the Office of Human Resources) and its Graduate Medical Education Council. The Graduate Medical Education Council policies and procedures, attached hereto, are an integral part of this Agreement and your signature on this Agreement provides documentation of receipt and understanding of these policies and procedures. The attached policies and procedures of the Graduate Medical Education Council are currently in effect and are subject to revision without prior notice. Additionally, you are bound by the rules, regulations, and bylaws of the affiliated teaching facilities in which you train. These rules, regulations and bylaws will be provided by the affiliated teaching facilities and you are responsible for knowledge of such documents. Breaches of the above mentioned rules, regulations and bylaws or misrepresentation of information provided on the temporary licensure form (required of all new trainees) or other submitted documentation may result in termination of this Agreement.

Eastern Virginia Medical School is a drug and alcohol free workplace. Eastern Virginia Medical School policy provides for pre-placement and “for cause” drug and alcohol testing of employees and trainees. Pre-placement drug screens will be conducted during the last week of June and during the month of July. A verified positive result on the pre-placement drug screen violates Eastern Virginia Medical School policy and will result in termination of this Agreement.

As a recipient of federal funds for graduate medical education, Eastern Virginia Medical School must comply with federal regulations relating to funding for health care programs. If your name currently appears or appears during the tenure of your educational program on the list of convictions for default on Health Education Assistance Loans or other areas as contained in sections of 1128 or 1156 of the Social Security Act, your contract terminates and your educational relationship with Eastern Virginia Medical School will be terminated.

I agree to the terms and conditions of this Agreement, and have reviewed and agree to abide by the attached policies and procedures.

ACCEPTED BY: _____
Intern/Resident/Fellow Date

OFFERED BY:

REQUIRED APPROVAL:

Program Director or Chair Date
Departmental Budget # _____

Registrar, Graduate Medical Education Date
Office of Graduate Medical Education

WHITE - EVGSM

YELLOW - INTERN/RESIDENT/FELLOW

PINK - DEPARTMENT