

DATE

SAMPLE

NAME
STREET
CITY, STATE ZIP

Dear Doctor NAME:

We are pleased to learn that you have accepted an appointment at the Resident Physician 2 level at UCSD Shiley Eye Center in the Department of Ophthalmology. The Ophthalmology Categorical residency program is 36 months in duration. Your initial appointment will extend from June 30, 2009 through June 30, 2010. The annual salary rate is \$47,211 [salary to be updated if need be]. Reappointments are made on an annual basis following successful completion of the prior year of training. Please see the enclosed UCSD House Officer Policy and Procedure Document (HOPPD) for the specifics on non-renewal of appointments and due process issues.

Please be advised that your appointment is contingent upon a satisfactory Criminal Background Check, your compliance with the licensure regulations of the Medical Board of California and Federal Immigration laws, and satisfactory completion of your current academic program.

Please carefully review the following points and handle as directed.

1. **UC Acceptance Form**

This document reflects your Resident Physician level and the date of your appointment.

Complete, sign and date indicating your acceptance.

2. **UCSD Resident/Fellow Position Description Document**

Read, sign and date.

3. **Addendum to the Application for a Graduate Medical Education Training Position at UCSD Medical Center**

Please complete the form. Be sure to note your e-mail address on this form.

Return all three documents to Office of Graduate Medical Education, at the address noted on the forms. Material must be sent within ten working days.

4. **Photograph**

Please enclose a 2 x 3 glossy black and white photograph of yourself when you return your acceptance form. It is important that we receive your picture since a newsletter will be published depicting the first year group. This will be used extensively throughout the Medical Center.

5. **UCSD Medical Center Orientation Program**

The hospital will conduct its orientation and registration program in the main auditorium on June 30, 2009 at 6:30 a.m. It is mandatory that you attend this program.

You will find an information sheet enclosed describing the orientation with a map of the Medical Center.

6. **House Officer Policy and Procedure Document**

This document is for your close review. It contains the UCSD Medical Center policies and procedures for each of the following topics. Please refer to the HOPPD for details for the points noted below:

1. Vacation Policies
2. Professional Liability Insurance (Tail Coverage)
3. Disability and Health Insurance
4. Professional Leave of Absence Benefits
5. Parental Leave of Absence Benefits
6. Sick Leave Benefits
7. Leave of Absence Policy
8. Policy on Effect of Leave for Satisfying Completion of Program
9. Conditions for Living Quarters, Meals, Laundry
10. Counseling, Medical Psychological Support Services
11. Policy on Physician Impairment and Substance Abuse
12. Residents' Responsibilities
13. Duration of Appointment
14. Conditions for Reappointment
15. Policy on Housestaff Duty Hours and Working Environment
16. Policy on Professional Activities External to the Educational Training Program Designated as Moonlighting
17. Grievance Procedures
18. Policies on Gender or Other Forms of Harassment
19. Residency Closure/Reduction
20. Restrictive Covenants

This document is also available on the OGME web site at <http://meded.ucsd.edu/GME>.

7. **Bylaws of the Medical Staff – UCSD Medical Center**

This document is located on the UCSD Medical Center intranet at <http://www-ucsdhealthcare.ucsd.edu>.

8. **Occupational & Environmental Medicine**

Review the enclosed material and comply with the instructions.

9. **TB Control**

Review the enclosed material and comply with the instructions.

10. **Health, Life, Dental, Vision, and Group Long Term Disability Insurance Plans**

The attached memo and pamphlet provides a description of the medical, dental, vision, life and long term disability plans offered by UCSD Medical Center for the period July 1, 2008 through June 30, 2009. A more detailed description is posted to our website at <http://meded.ucsd.edu/GME>.

The Medical Center covers the premium cost for coverage and there will be no charge for coverage to you. This includes single coverage, coverage for your spouse, your dependents or domestic partner.

Review the enclosed documents to familiarize yourself with the plans. You will be enrolled in the health plans when you attend the orientation program at UCSD Medical Center on June 30, 2009.

When the 2009-10 insurance package is finalized, the revised descriptive material will be posted to the OGME web site at: [http:// meded.ucsd.edu/GME](http://meded.ucsd.edu/GME) and will be given to you at orientation.

If you should have any questions or if we may be of assistance prior to your arrival, do not hesitate to contact either the Office of Graduate Medical Education at 619.543.8254 or your department directly. May I take this opportunity to welcome you to our staff and hope that it will be a mutually satisfying year.

Sincerely,

Maria C. Savoia, M.D.
Vice Dean for
Medical Education

Enclosures

cc: Clinical Department