

# THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

## NOTICE OF APPOINTMENT

The University of Texas Health Science Center at Houston (UTHealth) McGovern Medical School (MMS) Affiliated Hospitals Integrated Residency Training Program ("Residency Training Program") offers you an appointment as a Post Graduate Year (PGY) 5 and Program Level **Resident/Fellow Status Level** Physician ("Resident Physician") in **Name of Program** effective for the term of **Start Date** and ending on **End Date** with compensation at an annualized rate of **\$Yearly Total**. Total compensation is the gross amount for the indicated appointment and budget periods only and is subject to deductions required by state and federal law, and if permitted by law, other deductions that you may authorize. You will also receive such employee benefits as may be authorized by applicable laws. Payment of all or any portion of your total compensation that is derived from contracts, grants, gifts, bequests, endowments or other guarantees of funding from outside sources, is expressly dependent upon receipt of those funds. This appointment is expressly contingent upon timely receipt by the MMS Office of Graduate Medical Education (GME) of either a Texas Physician-in-Training Permit from the Texas Medical Board (TMB) or a copy of a current and valid TMB License to be provided by the Resident Physician, and your consent to and successful completion of a criminal background check and drug screening as required by UTHealth as well as any other required documentation deemed necessary by the UTHealth or GME to allow you to start on the date set forth above. In the event you are for any reason unable to meet GME requirements for practicing at any of the affiliated hospitals or participating institutions, this appointment may be withdrawn and you may be dismissed from the Residency Training Program.

General information regarding your responsibilities under this appointment, conditions for reappointment, benefits information (including health, disability, life and professional liability insurance, counseling and leave), grievance procedures and policies relating to duty hours, impairment, disability accommodation and other matters related to the Residency Training Program are detailed in the GME Resident Handbook (<https://med.uth.edu/oep/gme/residents-and-clinical-fellows/resources-for-current-residents-and-clinical-fellows/>), which is incorporated into and made a material part of this Notice of Appointment.

Prior to the start date set forth above for your Residency Training Program, you will be required to attend orientation sessions for which you will be compensated a maximum of \$1000.00. The actual amount you receive will be a function of how many days of orientation you participate in. Your Residency Training Program will determine this schedule and the date you must report for orientation. Completion of your USCIS Form I-9 in person is required prior to participation in any orientation events. Attendance at these sessions is mandatory and you will only be compensated if present.

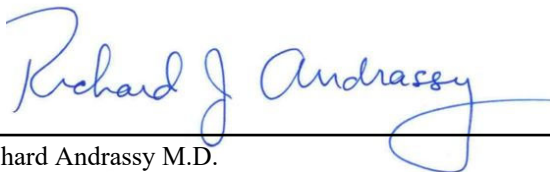
### ACCEPTANCE OF APPOINTMENT

I agree to accept an appointment as a PGY 5 and Program Level **Resident/Fellow Status Level** Resident Physician in the **Name of Program** Residency Training Program effective for the term and stipend designated above. I understand that this appointment is expressly contingent upon timely receipt by GME of either a TMB Physician-in-Training Permit or a copy of a current and valid TMB License to be furnished by me, and my consent to and successful completion of a criminal background check and drug screening as required by the UTHealth, as well as any other required documentation necessary to allow me to start on the date set forth above.

I have received a copy of and have read and agree to abide and be bound by the general conditions reflected in this notice of appointment and in the GME Resident Handbook. I understand I am subject to and agree to comply with UTHealth Handbook of Operating Procedures, the Rules and Regulations of the University of Texas System Board of Regents, and applicable state and federal laws and regulations.

**Resident Full Name**

Resident Physician



Signature

Richard Andrassy M.D.  
Executive Dean, ad interim  
McGovern Medical School at  
The University of Texas Health Science Center  
at Houston (UTHealth)

Date

**PLEASE MAKE A PHOTOCOPY FOR YOUR PERSONAL RECORDS  
RETURN ORIGINAL to Graduate Medical Education**