



Offer of Appointment

PGY ____
Annual Start Date to Annual End Date

Evaluator
Resident/Fellow
Status
BMC-Program

Boston Medical Center appoints you as a PGY __ to the program and term noted above, contingent upon the successful completion of your current year of training, if applicable.

The current annual salary is \$_____.____00. Please note that salary is subject to change

I agree to abide by the policies, procedures, the bylaws and rules and regulations of Boston Medical Center and all sites to which I am assigned. Yes No

I agree to fulfill the educational and clinical responsibilities of the graduate medical education training program, during the effective dates, as noted in the ACGME Program Requirements and other approved standards, and in accordance with the policies, procedures, and goals/objectives of the training program Yes No

I agree to the release of information by the professional liability program pertaining to the House Officer's professional practice and agrees to report to the Institution or it's agent(s) incidents involving potential liability during the performance of professional services as part of the training program which occur at Boston 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 Institution Yes No

I will have a valid Massachusetts Full or Limited License to practice medicine throughout the appointment and, as appropriate valid work authorization. I will provide copies of all license applications, wallet card and as appropriate valid work authorization. Failure to obtain such license and/or work authorization within sixty (60) days of the date of this appointment shall cause this offer to be rescinded. Failure to maintain such license and/or work authorization (if applicable) shall be grounds for suspension and/or termination. Yes No

The Resident/Fellow hereby accepts this offer of appointment

Resident/Fellow (Evaluator) signed and submitted this document on Date and Time
Program Director (Evaluator's Program Director) signed this document on Date and Time
Institution DIO signed this document on Date and Time
Evaluation Submitted on Date and Time