



UNC
HOSPITALS

Name of Applicant: _____
(please print)

Name of Program: _____

I have received from UNC Hospitals a CD containing a copy of the Graduate Medical Education Appointment Agreement that I will be expected to sign if I match to UNC. The CD also contains the salary and benefits currently in effect, the Application for Appointment to Graduate Medical Education, and the following UNC Hospitals Policies: Resident Eligibility and Selection for Recruitment and Appointment; Policy on Accommodation of Residents With Disabilities; Policy on Visas, Policy on Professional Business Attire; Policy on Medical License Requirements; Policy on Supervision; Policy on the Evaluation of Residents; Policy on Moonlighting; Policy on Duty Hours; Policy on Family Medical Leave; Policy on Paid Time Off (PTO); Professional Liability Coverage; Policy on Confidential Support Services; Policy on Impaired Physicians; Fit For Duty Policy; Reappointment, Non-Reappointment, and Dismissal Policy; Residency Closure Policy; and Grievance Procedure Policy.

I understand that salary and benefits and the appointment agreement are reviewed annually as part of the fiscal year budget process, that they are subject to change, and that the information will be posted to the UNC Graduate Medical Education website (<http://gme.unchealthcare.org/>) in May or June of 2013.

I understand that the application and policies are reviewed annually by the Graduate Medical Education Committee and the Medical Staff Executive Committee and are subject to revision.

(signature)