## Salary Scale

### UCSD Medical Center Salary Scale

<table>
<thead>
<tr>
<th>Represented Housestaff</th>
<th>Non-Represented Housestaff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective 7/1/09 – 6/30/10</td>
<td>Effective 7/1/09 – 6/30/10</td>
</tr>
<tr>
<td>2709 Resident Physician 1 $47,166</td>
<td>2708 Resident Physician 1 $47,166</td>
</tr>
<tr>
<td>2723 Resident Physician 2 $48,816</td>
<td>2726 Resident Physician 2 $48,816</td>
</tr>
<tr>
<td>2723 Resident Physician 3 $50,715</td>
<td>2726 Resident Physician 3 $50,715</td>
</tr>
<tr>
<td>2723 Resident Physician 4 $52,670</td>
<td>2726 Resident Physician 4 $52,670</td>
</tr>
<tr>
<td>2723 Resident Physician 5 $54,704</td>
<td>2726 Resident Physician 5 $54,704</td>
</tr>
<tr>
<td>2723 Resident Physician 6 $57,089</td>
<td>2726 Resident Physician 6 $57,089</td>
</tr>
<tr>
<td>2723 Resident Physician 7 $58,909</td>
<td>2726 Resident Physician 7 $58,909</td>
</tr>
<tr>
<td>2723 Resident Physician 8 $61,059</td>
<td>2726 Resident Physician 8 $61,059</td>
</tr>
<tr>
<td>2738 Chief Resident $ 600</td>
<td>2725 Chief Resident $ 600</td>
</tr>
<tr>
<td>Pharmacy Residents $42,000</td>
<td>Pharmacy Chief Resident $46,000</td>
</tr>
</tbody>
</table>

## Leave Policy

### Vacation

House officers accrue vacation at the official rate of 13.33 hours per month. This provides a total of 20 vacation “working days” per year. Due to the complexities of rotation schedules for house officers in various training programs, 28 calendar days or one calendar month will be given as leave depending upon the mode of scheduling of a given service.

### Sick Leave

House officers shall accrue sick leave at the rate of 8 hours (one working day) per month, which is the equivalent of 12 working days per year.

#### Sick Leave – Family Illness

A house officer shall be permitted to use not more than 30 days of accrued sick leave in any calendar year when required to be in attendance or to provide care because of the illness of the house officer’s spouse, parent, child, sibling, grandparent, or grandchild. In-laws and step-relatives in the relationships listed also are covered.

#### Parental Leave: Pregnancy/Childbearing Disability Leave

A house officer disabled due to pregnancy, childbirth, or related medical conditions shall be granted a medical leave of absence of up to four months, but not to exceed the period of verified disability.

Pregnancy disability leave may consist of leave without pay and/or paid leave such as accrued sick leave, and accrued and/or advanced vacation leave.

If a house officer on an approved pregnancy disability leave is also eligible for family and medical leave, (noted below under Family and Medical Leave), up to 12 workweeks of pregnancy disability leave shall run concurrently with family and medical leave under Federal law.

Upon termination of a pregnancy disability leave that runs concurrently with Federal family and medical leave, a house officer is also entitled to up to 12 workweeks of State family and medical leave (designated as Supplemental Family and Medical Leave).

#### Parental Leave: Paternity Leave

Parental leave may be granted in accordance with the provisions of:

- FMLA /CFRA– for the purpose of caring for the House Officer’s newborn or a child placed with the House Officer for adoption or foster care.
Family and Medical Leave

Family and Medical Leave (FMLA) is provided for an eligible house officer’s serious health condition, the serious health condition of the house officer’s child, spouse, or parent, or to bond with the house officer’s newborn, adopted, or foster care child in accordance with State and Federal law in effect at the time the leave is granted.

A house officer is entitled to up to 12 workweeks of FMLA leave during the 12 month leave year, provided that:

- The house officer has at least 12 cumulative months of University service (all prior University service shall be used to calculate the 12-month service requirement); and
- The house officer has worked at least 1,250 actual hours during the 12 months immediately preceding the commencement date of the leave.

Professional Leave

With the approval of the Training Program Director, house officers may be granted up to five work days of leave with pay, per academic year, to pursue scholarly activities pursuant to their educational curriculum.

Time not taken may not be carried over from one academic year to the next and will be forfeited.

Effect of Leave on Completion of the Training Program

Make-up time may be required to meet the educational objectives and certification requirements of the training program and/or the American Specialty Board when a house officer is required to utilize leave time.

Professional Liability Insurance

<table>
<thead>
<tr>
<th>TYPE OF COVERAGE:</th>
<th>LIMITS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Self-insured Retention (Fully Funded)</td>
<td>$1,000,000 each occurrence</td>
</tr>
<tr>
<td>Tail Coverage is produced by virtue of the fact that</td>
<td>$3,000,000 aggregate</td>
</tr>
<tr>
<td>the coverage is “per occurrence”</td>
<td>Additional excess insurance available if needed</td>
</tr>
</tbody>
</table>

The UC Self Insurance Program will defend and indemnify house officers and medical students against any professional or general liability or malpractice claim arising out of the house officer’s or medical student’s acts or omissions that are within the course and scope of his/her University duties, for work completed during the training period. The UC Self Insurance Program does not cover: (1) acts/omissions that are not within the course and scope of the house officer’s University duties, or (2) acts or omissions resulting from fraud, corruption, malice or criminal negligence.

UC Self Insurance Program coverage for house officers and part-time, volunteer clinical faculty is limited to specific assignments in specific locations. Work at affiliated or associated hospitals or elsewhere is covered when it falls within the course or scope of the house officer’s University appointment. However, “moonlighting” is not part of the residency program and is not covered under the UC Self Insurance Program.

Questions regarding legal issues, including subpoenas should be addressed to the UCSDMC Office of Risk Management.

Health Insurance

House officers are eligible for enrollment in the UCSD Housestaff health, dental, vision, group long term disability, and life insurance plans. Coverage is available for the house officer, for a spouse, for dependent children or for a domestic same or opposite sex partner.

Health Coverage

Two plans are available:

- Fee for Service-PPO Plan
  - 3 tier fee-for-service indemnity plan
  - Insured may seek treatment anywhere from provider of choice
  - Services at UCSDMC (tier 1), are generally covered at 100% with no deductible and no co-insurance
  - Services obtained away from UCSDMC, within the PPO Network (tier 2), are generally covered at 80%, after satisfaction of a deductible amount
  - Services obtained outside of the PPO Network, (tier 3), are generally covered at 60%, after satisfaction of a deductible amount
Health Insurance

Health Coverage – Con’t

- Co-pays are required at all participating providers including UCSDMC for: Routine Exam, Emergency Room (unless admitted) and for Prescription Drugs
- Maximum annual out-of-pocket cost $1,000/PPO provider and $2,000/non-PPO provider

Managed Care-HMO Plan
- Insured must select a primary care provider who will manage the care
- No deductibles
- Co-pays are required for Routine Exam, Outpatient Psychiatric Care, Prescription Drugs, Home Health Care, Emergency Room (unless admitted)

Dental Coverage

The dental plan provides comprehensive coverage for preventive, basic, major and orthodontic services. The plan covers utilization of provider or non-provider group dentists. The greatest benefit will be paid when the insured utilizes the services within the PPO network.

Vision Coverage

The vision plan provides coverage for eye exams, lenses, frames, medically necessary contacts and cosmetic contacts. There is a deductible amount for services rendered. The plan requires that the insured uses specific participating providers in order to receive full benefits.

Disability Insurance

Group long term disability insurance is provided by the University for members of the housestaff.

- Eligibility – The house officer is appointed at least 20 hours each week or an average of 20 hours each week during the preceding 12 months.
- Definition of Disability – During the benefit waiting period and the next 24 months of disability, the house officer is disabled if unable to perform with reasonable continuity the material duties of his/her own occupation as a resident physician. Benefits will end if the house officer is working in any occupation and earning more than 80% of indexed pre-disability earnings. Thereafter, the house officer is disabled if he/she is unable to perform the material duties of any occupation with an earnings test.
- Monthly Benefit – 60% of the first $5,000 of pre-disability earnings reduced by deductible income. Maximum monthly benefit is $3,000.
- Benefit Waiting Period – Benefits become payable after the house officer has been continuously disabled for 30 calendar days.
- Conversion Insurance – LTD conversion insurance is available under defined parameters.

Living Quarters

There are no permanent living quarters at UCSD Medical Center for members of the housestaff or for any other staff or employees.

On Call Meals

Adequate and appropriate food services are provided for house officers who take first call and remain in the hospital overnight. Two meals are provided for Monday through Friday on call and three meals are provided for Saturday, Sunday and holiday call. A slightly different model is used for on call in the Emergency Department to reflect the actual shift time taken for call. Each meal has a maximum value of $8.00.

Uniform and Uniform Laundering

Three sets of uniforms (lab coats) are provided to the house officers at the time of initial appointment. The lab coats will be laundered by UCSDMC at no charge to the house officer. Uniforms that deteriorate through normal wear and tear shall be replaced by the Medical Center.
Noncitizens of this country may pursue residency and fellowship training at UCSD Medical Center while holding permanent resident status or while holding a J exchange visitor visa under the sponsorship of the ECFMG.

UCSD policy reflects that graduate medical education training is not completed by individuals who hold an H visa. An exception to this policy may be requested by the UCSD GME training program director for an applicant who is in the USA under an H visa at the time of application to the UCSD GME program.

Sample Housestaff Appointment Letter (Contract)

Attached are samples of the initial appointment documents:

- Sample Housestaff Appointment Letter (Contract)
- UC Acceptance of Appointment Form
- Resident/Fellow Position Description
- Addendum to the Application for a GME Training Position at UCSD Medical Center
March 17, 2010

John Smith, M.D.
1234 Maple Drive
San Diego, California 92103

Dear Doctor Smith:

We are pleased to learn that you have matched with the UCSD Medical Center for a first year postgraduate training position in the Department of Medicine. The Internal Medicine Categorical residency program is 36 months in duration. Initial appointment and reappointment are made on an annual basis. Your initial appointment will extend from June 23, 2009 through June 23, 2010. The annual salary rate is $47,166. Reappointments are made on an annual basis following successful completion of the prior year of training. Your initial appointment will be extended until June 30, 2011 unless notified otherwise. Please see the enclosed UCSD House Officer Policy and Procedure Document 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 no later than April 30, 2010.*
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 23, 2010 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 and the GME APPD for details for the 20 points noted below:

- Vacation Policies
- Professional Liability Insurance (Tail Coverage)
- Disability and Health Insurance
- Professional Leave of Absence Benefits
- Parental Leave of Absence Benefits
- Sick Leave Benefits
- Leave of Absence Policy
- Policy on Effect of Leave for Satisfying Completion of Program
- Conditions for Living Quarters, Meals, Laundry
- Counseling, Medical Psychological Support Services
- Policy on Physician Impairment and Substance Abuse
- Residents’ Responsibilities
- Duration of Appointment
- Conditions for Reappointment
- Policy on Housestaff Duty Hours and Working Environment
- Policy on Professional Activities External to the Educational Training Program Designated as Moonlighting
- Grievance Procedures
- Policies on Gender or Other Forms of Harassment
- Residency Closure/Reduction
- Restrictive Covenants

This document is also available on the OGME web site at [http://meded.ucsd.edu/GME](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](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 provide a description of the medical, dental, vision, life and long term disability plans offered by UCSD Medical Center for the period July 1, 2009 through June 30, 2010. A more detailed description is posted to our website at: [http://meded.ucsd.edu](http://meded.ucsd.edu).

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 23, 2010.

When the 2010-11 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 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,

Stephen R. Hayden, M.D.
Associate Dean for GME and DIO

Enclosures
April 15, 2010

Clark Kent, M.D.
5678 Ponderosa Avenue
San Diego, California 92108

Dear Doctor Kent:

We are pleased to learn that you have accepted an appointment at the Resident Physician 2 level at UCSD Medical Center in the Department of Medicine. The Internal Medicine Categorical residency program is 36 months in duration. Your initial appointment will extend from June 30, 2010 through June 30, 2011. The annual salary rate is $48,816. 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 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, 2010 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 and GME APPD for details for the 20 points noted below:

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- Sick Leave Benefits
- Leave of Absence Policy
- Policy on Effect of Leave for Satisfying Completion of Program
- Conditions for Living Quarters, Meals, Laundry
- Counseling, Medical Psychological Support Services
- Policy on Physician Impairment and Substance Abuse
- Residents’ Responsibilities
- Duration of Appointment
- Conditions for Reappointment
- Policy on Housestaff Duty Hours and Working Environment
- Policy on Professional Activities External to the Educational Training Program Designated as Moonlighting
- Grievance Procedures
- Policies on Gender or Other Forms of Harassment
- Residency Closure/Reduction
- Restrictive Covenants

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

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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, 2009 through June 30, 2010. 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, 2010.

When the 2010-2011 insurance package is finalized, the revised descriptive material will be posted to the OGME web site at: 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 819.543.8254 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,

Stephen R. Hayden, M.D.
Associate Dean for Graduate Medical Education and DIO

Enclosures
April 1, 2009

Peter Parker, M.D.
91011 Walnut Street
San Diego, California 92122

Dear Doctor Parker:

We are pleased to learn that you have accepted an appointment at the Resident Physician 2 level at UCSD Medical Center in the Department of Medicine. The Internal Medicine Categorical residency program is 36 months in duration. Your initial appointment will extend from June 30, 2011 through June 30, 2012. The annual salary rate is $48,816. 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 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. **UCSD Medical Center Orientation Program**

We anticipate that the hospital will conduct its orientation and registration program in the main auditorium on June 30, 2011 at 6:30 a.m. It is mandatory that you attend this program. Detailed information will be sent to you in May 2011.

5. **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 and GME ARPD for details for the 20 points noted below:

- Vacation Policies
- Professional Liability Insurance (Tail Coverage)
- Disability and Health Insurance
- Professional Leave of Absence Benefits
- Parental Leave of Absence Benefits
- Sick Leave Benefits
- Leave of Absence Policy
- Policy on Effect of Leave for Satisfying Completion of Program
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- Policy on Physician Impairment and Substance Abuse
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7. **Health, Life, Dental, Vision, and Group Long Term Disability Insurance Plans**

The attached memo and pamphlet provide a description of the medical, dental, vision, life and long term disability plans offered by UCSD Medical Center for the period July 1, 2009 through June 30, 2010.

Updated material will be sent to you prior to your June 2011 start date. You will be enrolled in the health plans when you attend the orientation program at UCSD Medical Center in June 2011.
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,

Stephen R. Hayden, MD
Associate Dean for Graduate Medical Education and DIO

Enclosures
Acceptance of Appointment by John Smith, M.D.

I hereby acknowledge and accept appointment to the Department of Medicine as a Resident Physician 1 at UCSD Medical Center for the period June 23, 2010 through June 23, 2011.

New Appointee Only: I wish uniforms to be ordered: □ Yes □ No

Lab Coat Size: ________

California Medical License Number: _______________ Expiration Date: _______________

Authorized to prescribe the following schedules of controlled drugs: □ 2 □ 2N □ 3 □ 3N □ 4 □ 5

□ Copy of your current wallet size California Medical License certificate attached

□ Copy of DEA certificate attached

Signed ___________________________________ Date ___________________

Photocopy if you wish to retain a copy for your records and forward the original SIGNED form to:

Graduate Medical Education, Mail Code 8829
UCSD Medical Center
200 West Arbor Drive
San Diego, California 92103-8829
Acceptance of Appointment by Clark Kent, M.D.

I hereby acknowledge and accept appointment to the Department of Medicine as a Resident Physician 2 at UCSD Medical Center for the period June 30, 2010 through June 30, 2011.

New Appointee Only: I wish uniforms to be ordered: ☐ Yes ☐ No
Lab Coat Size: ________

California Medical License Number: ___________________ Expiration Date: ____________

Authorized to prescribe the following schedules of controlled drugs: ☐ 2 ☐ 2N ☐ 3 ☐ 3N ☐ 4 ☐ 5

☐ Copy of your current wallet size California Medical License certificate attached
☐ Copy of DEA certificate attached

Signed __________________________________________ Date ________________

Photocopy if you wish to retain a copy for your records and forward the original SIGNED form to:

Graduate Medical Education, Mail Code 8829
UCSD Medical Center
200 West Arbor Drive
San Diego, California 92103-8829
Acceptance of Appointment by Peter Parker, M.D.

I hereby acknowledge and accept appointment to the Department of Medicine as a Resident Physician 2 at UCSD Medical Center for the period June 30, 2011 through June 30, 2012.

New Appointee Only: I wish uniforms to be ordered: ☐ Yes ☐ No

Lab Coat Size: ________

California Medical License Number: ___________________ Expiration Date: ____________

DEA Number: ___________________ Expiration Date: ____________

Authorized to prescribe the following schedules of controlled drugs: ☐ 2 ☐ 2N ☐ 3 ☐ 3N ☐ 4 ☐ 5

☐ Copy of your current wallet size California Medical License certificate attached

☐ Copy of DEA certificate attached

Signed ___________________________________________ Date ________________

Photocopy if you wish to retain a copy for your records and forward the original SIGNED form to:

Graduate Medical Education, Mail Code 8829
UCSD Medical Center
200 West Arbor Drive
San Diego, California 92103-8829
UCSD RESIDENT/FELLOW POSITION DESCRIPTION

The goal of the graduate medical education training program is to (a) provide trainees (interns, residents, and fellows) with an extensive experience in the art and science of medicine in order to achieve excellence in the diagnosis, care, and treatment of patients and (b) to establish trainee’s eligibility to participate in the relevant ABMS Specialty Board examination. To achieve this goal, the trainee agrees to do the following for the duration of his/her graduate medical education training at UCSD Medical Center:

1. Develop and participate in a personal program of self-study and professional growth with guidance from the Medical School’s teaching staff.

2. Under the supervision of the Medical School’s teaching staff, participate in safe, effective and compassionate patient care, consistent with the trainee’s level of education and experience.

3. Participate fully in the educational activities of the residency/fellowship program and assume responsibility for participation in the teaching of more junior physicians, of medical students and students in allied health professions.

4. Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures and policies of the institution.

5. Participate in the standing committees of the Medical Staff and institutional committees, as assigned by the program director, especially those that relate to patient care review activities.

6. Develop an understanding of ethical, socioeconomic and medical/legal issues that affect graduate medical education and the practice of medicine. Learn cost containment measures in the provision of patient care.

7. Perform all duties in accordance with the established practices, procedures and policies of the institution, its programs, clinical departments and other institutions to which the resident/fellow is assigned.

8. Strict adherence to the moonlighting policies of UCSD and to the program in which the resident/fellow is appointed.

9. Comply with the duty hour and working condition policies of UCSD and the program in which the resident/fellow is appointed. This includes, in part, completion of surveys or data entry into GME database management systems as required by the training program, the Medical Center, and the ACGME.

10. Adhere to the program’s call schedule and schedule of assignment.

11. Document patient care in the medical record in a timely fashion as per Medical Staff policy.
12. Adhere to the ACGME Institutional Requirements and to the ACGME-RRC Program Requirements for the specialty in which the resident/fellow is in training.

13. Participate in the evaluation of the training program and its faculty.


15. Comply with specific/special requirements of Affiliated Institutions to which trainee may rotate as part of his/her training. These requirements may include, but are not limited to, criminal background checks, substance abuse testing, health screenings, providing additional paperwork, information, etc.

16. Adhere to the policies defined in the UCSDMC document entitled, Guidelines for Managing Impaired Residents and the UCSD House Officer Policy and Procedure Document.

17. Adhere to UCSD Office of Graduate Medical Education Resident Use of Email policy.

Trainee Name: _____________________ Department/Division: ____________________

Signed: ___________________________ Date: __________________________

Document Format Approval:

Graduate Medical Education Committee: April 12, 2007
ADDENDUM TO THE APPLICATION FOR A GRADUATE MEDICAL EDUCATION TRAINING POSITION AT UCSD MEDICAL CENTER 2010-11

The information being sought on this form will be used by UCSDMC in its normal conduct of business relative to your postgraduate training at this institution. Pursuant to the federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is voluntary. This record keeping system was established pursuant to the authority of The Regents of the University of California, under Article IX, section 9, of the California Constitution. The social security number is used to verify your identity and shall not be disclosed except as permitted by law.

Name  _______________________________________________________________________

Other Last

Name Used  (e.g., Maiden)

Date of Birth ____________________ Social Security Number ____________ - ____________ - ______

E-Mail Address___________________________________________________

Residency/Fellowship Specialty for 2009-10

Appointment Level (circle one):

PGY Level 1 2 3 4 5 6 7 8 9

From – To Dates __________________________________________________________________________

Number of years completed in all approved residency and clinical fellowship programs in the USA:

<table>
<thead>
<tr>
<th>EXAMPLE #1</th>
<th>PROGRAM</th>
<th>YEAR(S) COMPLETED</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Internal Med</td>
<td>3</td>
<td>7/1/06-6/30/09</td>
</tr>
<tr>
<td></td>
<td>Cardiology</td>
<td>1</td>
<td>7/1/09-6/30/10</td>
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<tr>
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<td>Radiology</td>
<td>2</td>
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**TOTAL YEARS ALL PGME COMPLETED THROUGH 6/30/10**
Medical School:

Name

Degree Conferred

Date of Graduation  
(Month/Year)

Foreign Medical School Graduate (school not located in the USA or Canada):

I have passed the following exam:

☐ USMLE 1  Date _______________

☐ USMLE 2  Date _______________

☐ USMLE 3  Date _______________

☐ FMGEMS  Date _______________

☐ NBME  Date _______________

☐ Other ECFMG Exam  Date _______________

Please return a copy of your current ECFMG certificate with this form to Graduate Medical Education.

Non-Citizen of United States:

Class of Visa:  
☐ Alien Resident

☐ J Visa issued by the ECFMG

☐ Other – Please designate type ____________________

Date entered US ____________________

Intended Length of Stay _________________

Please return a copy of your current visa with this form to Graduate Medical Education.

Medical License(s) Outside of the State of California:

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</table>

NPI Number:  
(National Provider ID)

Return this completed form and applicable attachments within ten working days to:

Office of Graduate Medical Education, 8829
UCSD Medical Center
200 West Arbor Drive
San Diego, California 92103-8829
ADDENDUM TO THE APPLICATION FOR A GRADUATE MEDICAL EDUCATION
TRAINING POSITION AT UCSD MEDICAL CENTER
2010-11

The information being sought on this form will be used by UCSDMC in its normal conduct of business relative to your postgraduate training at this institution. Pursuant to the federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is voluntary. This record keeping system was established pursuant to the authority of The Regents of the University of California, under Article IX, section 9, of the California Constitution. The social security number is used to verify your identity and shall not be disclosed except as permitted by law.

Name _______________________________________________________________________

Last     First     Middle

Other Last ______________________________________________
Name Used
(e.g., Maiden)

Date of Birth ____________________ Social Security Number ____________ - ________ - ____________

E-Mail Address___________________________________________________

Residency/Fellowship Specialty for 2010-11

Appointment Level (circle one):
PGY Level 1 2 3 4 5 6 7 8 9

From – To Dates _________________________________________________

Number of years completed in all approved residency and clinical fellowship programs in the USA:

EXAMPLE #1

PROGRAM     YEAR(S)       DATE
-----------   ----------    ------
Internal Med 3          7/1/06-6/30/09
Med Cardiology 1   7/1/09-6/30/10

TOTAL YEARS ALL PGME COMPLETED THROUGH 6/30/10 4

EXAMPLE #2

Surgery 1 7/1/07-6/30/08
Radiology 2 7/1/08-6/30/10

TOTAL YEARS ALL PGME COMPLETED THROUGH 6/30/10 3

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TOTAL YEARS ALL PGME COMPLETED THROUGH 6/30/10 __________
Medical School:

Name _________________________________________________________________
Degree Conferred _________________________
Date of Graduation _________________________
        (Month/Year)

Foreign Medical School Graduate (school not located in the USA or Canada):
I have passed the following exam:
☐ USMLE 1 Date _______________
☐ USMLE 2 Date _______________
☐ USMLE 3 Date _______________
☐ FMGEMS Date _______________
☐ NBME Date _______________
☐ Other ECFMG Exam Date _______________

Please return a copy of your current ECFMG certificate with this form to Graduate Medical Education.

Non-Citizen of United States:
Class of Visa:  ☐ Alien Resident
☐ J Visa issued by the ECFMG
☐ Other – Please designate type ____________________
Date entered US ____________________
Intended Length of Stay _________________

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UCSD Medical Center
200 West Arbor Drive
San Diego, California  92103-8829
ADDENDUM TO THE APPLICATION FOR A GRADUATE MEDICAL EDUCATION
TRAINING POSITION AT UCSD MEDICAL CENTER
2011-12

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Name _________________________________________________________________________
Last First Middle

Other Last ______________________________________________
Name Used (e.g., Maiden)

Date of Birth ____________________ Social Security Number ____________ - ________  -  ____________

E-Mail Address___________________________________________________

Residency/Fellowship Specialty for 2010-11

Appointment Level (circle one):
PGY Level 1 2 3 4 5 6 7 8 9

From – To Dates _________________________________________________

Number of years completed in all approved residency and clinical fellowship programs in the USA:

EXAMPLE #1
PROGRAM YEAR(S) COMPLETED DATE
Internal Med 3 7/1/07-6/30/10 7/1/07-6/30/11
Med Cardiology 1 7/1/10-6/30/11

TOTAL YEARS ALL PGME COMPLETED THROUGH 6/30/11 4

EXAMPLE #2
PROGRAM YEAR(S) COMPLETED DATE
Surgery 1 7/1/08-6/30/09 7/1/08-6/30/11
Radiology 2 7/1/09-6/30/11

TOTAL YEARS ALL PGME COMPLETED THROUGH 6/30/11 3

Enter your data here:

PROGRAM YEAR(S) COMPLETED DATE
________________________________________________________________________

Prior Training:
________________________________________________________________________

TOTAL YEARS ALL PGME COMPLETED THROUGH 6/30/11 _____________
Medical School:

Name

Degree Conferred

Date of Graduation (Month/Year)

Foreign Medical School Graduate (school not located in the USA or Canada):

I have passed the following exam:

- USMLE 1 Date ______
- USMLE 2 Date ______
- USMLE 3 Date ______
- FMGEMS Date ______
- NBME Date ______
- Other ECFMG Exam Date ______

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San Diego, California 92103-8829

SAMPLE