

# THE UNIVERSITY OF TEXAS SYSTEM MEDICAL FOUNDATION

## NOTICE OF APPOINTMENT

The University of Texas System Medical Foundation, as administrator of The University of Texas Health Science Center Medical School at Houston Affiliated Hospitals Integrated Residency Training Program (“Residency Training Program”) offers you an appointment as a Post Graduate Year (PGY) XX and Pay Level (PL) XX Physician (“Resident Physician”) in Name of Training Program, effective on Start Date, for a period of period of appointment - max of one year, and ending on End Date, and compensation at an annualized rate of \$stipend amount. This appointment is expressly contingent upon timely receipt by the Office of Graduate Medical Education 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 furnished by the Resident Physician, and your consent to and successful completion of a criminal background check if and as required by the Foundation (see “Criminal Background Check for Residents and Fellows” section in the Resident Handbook), as well as any other required documentation deemed by the Foundation or the Office of Graduate Medical Education to be necessary to allow you to start on the date set forth above. In the event you are for any reason unable to meet Office of Graduate Medical Education requirements for practicing at any of the affiliated hospitals or participating institutions, this appointment may be withdrawn and you may be dismissed from the Residency Training Program.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, fringe benefits information (including health and disability insurance and professional liability insurance), and other matters related to the Residency Training Program are detailed in the attached Graduate Medical Education Resident Handbook, which is incorporated and made a part of this Notice of Appointment.

### ACCEPTANCE OF APPOINTMENT

I agree to accept an appointment as a PGY XX and PL XX Resident Physician in the Name of Training Program Residency Training Program effective for the period and compensation designated above. I understand that this appointment is expressly contingent upon timely receipt by the Office of Graduate Medical Education 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 furnished by the Resident Physician, and my consent to and successful completion of a criminal background check if and as required by the Foundation, 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 the Graduate Medical Education Resident Handbook. I understand I am subject to and agree to comply with the policies of The University of Texas System Medical Foundation, The University of Texas Health Science Center at Houston Handbook of Operating Procedures, and the Rules and Regulations of the University of Texas System Board of Regents.

Resident's Full Name

Resident Physician

Giuseppe N. Colasurdo, M.D.  
Dean  
The University of Texas Health Science Center  
Medical School at Houston

Signature

Date