



Office of Graduate Medical Education  
4610 X Street, Suite 4202  
Sacramento, CA 95817  
Ph: 916-734-7797

2/11/2026

Jane Smith Doe, MD  
123 My Road  
Ann Arbor, MI 48130

**Re.: Appointment Agreement**

Dear Dr. Doe,

I am pleased to offer you an Appointment as an **Fellow** in the **XXXX Program, Department of XXXX** at the University of California, Davis Health located in Sacramento, California.

Your appointment will begin on **XXXX** and will end on **XXXX**. The postgraduate year (PGY) training level to which you will be appointed during this period will be **PGY XX**.

The current monthly salary for this level is **\$XXXX** (**\$XXXX** annually). In addition to your salary, UC Davis Health will provide you and your eligible dependents with health, dental, vision, life, and disability insurance. *Terms and conditions of employment, including annual salary and benefits, are subject to bargaining.*

UC Davis Health provides comprehensive professional liability coverage for your professional activities (both on-site and off-site) that fall within the **course** and scope of your training appointment / employment (excluding external moonlighting), subject to the **specific terms and conditions** of such coverage as set forth in University of California policy, which may be amended from time to time, except as otherwise provided in an agreement to which UC Davis Health (including UC Davis Medical Center and/or the UC Davis School of Medicine) is a party (<https://www.ucop.edu/risk-services-insurance/medical.html>).

Appointments are for one year and are subject to annual renewal based upon satisfactory performance. Your appointment, re-appointment, promotion to a subsequent PGY level, and successful completion of the program are contingent upon meeting the **XXXX** training program requirements as specified by your Department, UC Davis Health, the Accreditation Council for Graduate Medical Education (if applicable), and any applicable governing bodies and/or relevant specialty boards.

The UC Davis Health Resident Medical Staff Policy and Procedure Manual, the Resident Physicians Union Agreement, and the UC Davis Health Institutional Policies contain information regarding your responsibilities as a member of the Resident Medical Staff; financial support; grievance and due process; vacation and leave(s) of absence, including medical, parental, and caregiver leave(s), and compliance with applicable laws; and moonlighting. In addition, the GME Policies include but are not limited to; timely notice of the effect of leave(s) of absence on the ability of residents/fellows to satisfy requirements for program completion; and clinical and educational work hours. The manual, agreement, and policies can be found at: <https://health.ucdavis.edu/graduate-medical-education/current-residents-fellows/gme-policies>.

Information related to eligibility for specialty board examinations can be found at <https://www.abms.org/member-boards/contact-an-abms-member-board/>. Specialty boards define the amount of time off permitted for each training program. Extensions to training may be incurred by residents or fellows who take advantage of all available paid time off or who do not meet academic expectations.

Your appointment is contingent upon meeting California Medical or Osteopathic Board licensure requirements.

California Law states a Postgraduate Training License (PTL) is required for all trainees during their first twelve months of ACGME Training and is valid for up to 36 months of training. A Physician and Surgeon Medical License (P&S) may be obtained after 12 months of training, and is required for all training beyond the initial 36 months. For International Medical Graduates, twenty-four months of training with a PTL is required before transitioning to a full license; a P&S medical license is required for training beyond 36 months.

You will be required to provide documentation verifying your identity and employment eligibility/authorization to be hired for employment at the University of California, Davis Health (<https://www.uscis.gov/i-9-central/acceptable-documents/who-issued-document>).

Additionally, if your appointment is contingent upon meeting the Educational Commission for Foreign Medical Graduates (ECFMG) requirements, you must satisfy the requirements prior to and throughout your training.

Please acknowledge acceptance of this University of California, Davis Health appointment by signing all pages of the enclosed agreement, including the Employment Certification Form, and all other documents assigned to you. Upon completion, please upload the documents to your MedHub portal. Please note additional original signatures may be required on specific documents at your assigned Human Resources orientation. If you have any questions regarding resident/fellow support, policies, or conditions of your employment, please contact Ryan Traynham, Director of Graduate Medical Education, by email at [rptraynham@health.ucdavis.edu](mailto:rptraynham@health.ucdavis.edu).

Welcome to the UC Davis Health Resident Medical Staff.

Sincerely,



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*Susan Guralnick, MD*

Associate Dean for Graduate Medical Education  
Designated Institutional Official  
Professor of Pediatrics

SAMPLE



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### Appointment Acceptance

I accept this one-year appointment as a **Fellow**, training level **PGY X** in the **XXXX Program, Department of XXXX** beginning on **XXXX** and ending on **XXXX**.

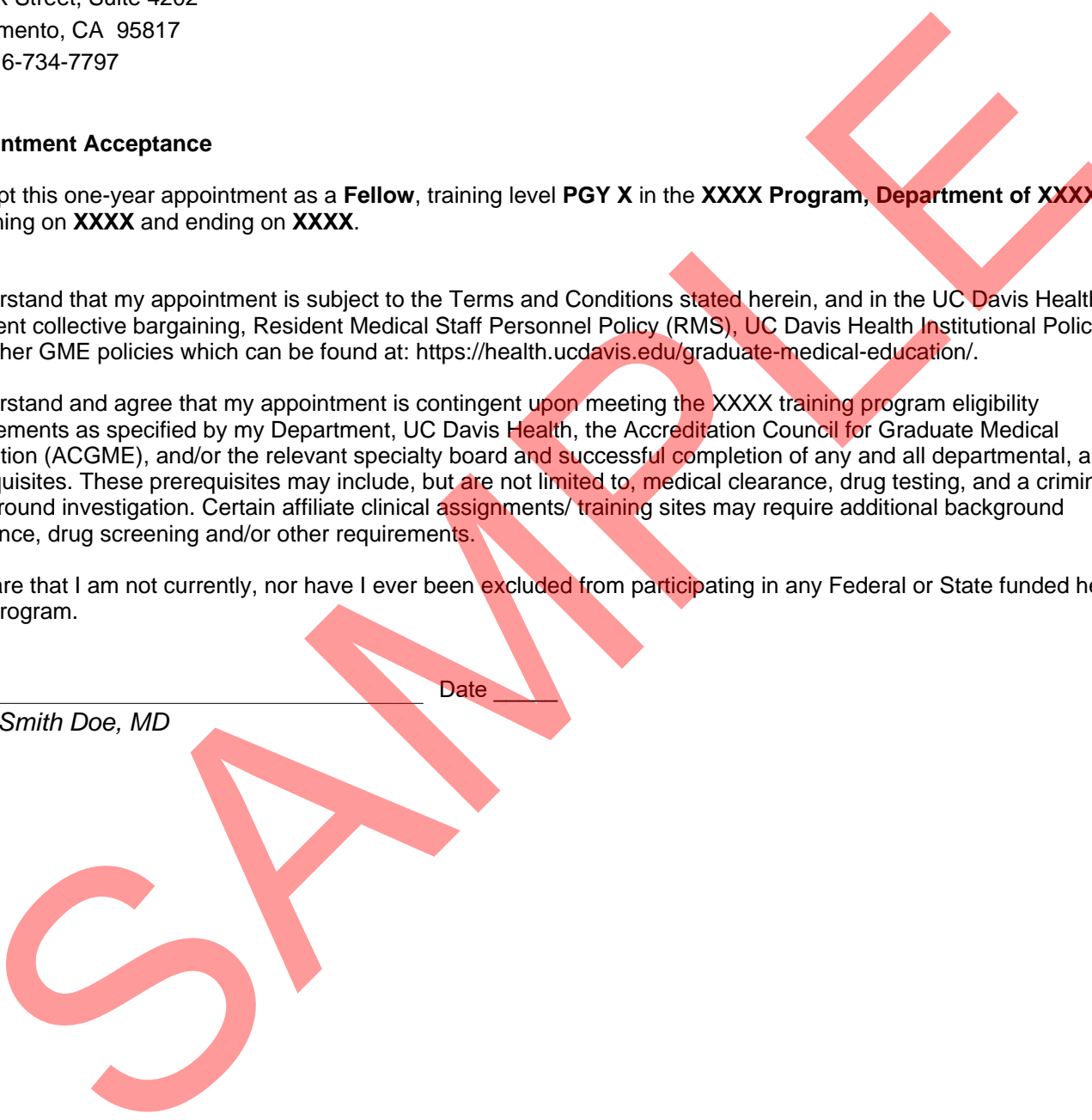
I understand that my appointment is subject to the Terms and Conditions stated herein, and in the UC Davis Health Resident collective bargaining, Resident Medical Staff Personnel Policy (RMS), UC Davis Health Institutional Policies, and other GME policies which can be found at: <https://health.ucdavis.edu/graduate-medical-education/>.

I understand and agree that my appointment is contingent upon meeting the XXXX training program eligibility requirements as specified by my Department, UC Davis Health, the Accreditation Council for Graduate Medical Education (ACGME), and/or the relevant specialty board and successful completion of any and all departmental, and HR prerequisites. These prerequisites may include, but are not limited to, medical clearance, drug testing, and a criminal background investigation. Certain affiliate clinical assignments/ training sites may require additional background clearance, drug screening and/or other requirements.

I declare that I am not currently, nor have I ever been excluded from participating in any Federal or State funded health care program.

Date \_\_\_\_\_

\_\_\_\_\_  
*Jane Smith Doe, MD*



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**Resident Medical Staff**  
*Employment Certification Form*

Name: **Jane Smith Doe, MD**

Employee ID Number: **123456**

Academic Department: **XXXX**

Title: **Resident Physician (Fellow) PGY X**

Salary per Month: **\$XXXX (\$XXXX annually)**

Percent Time: **100%**

Start Date: **XXXX** and ending on **XXXX**

Employee Class: **Academic Medical Fellow**

I certify that the foregoing personal data is correct. I accept this position on the terms specified above and in my appointment/reappointment agreement. I recognize my salary is subject to such deductions as may be required pursuant to applicable laws and regulations. In the event that my service does not continue throughout the term, the salary due me will be based upon actual service performed and I will return to the University such part of my salary as is not actually earned on this basis. I understand that my appointment is for one year, and reappointment is contingent upon my successful performance. Salary and benefits are subject to collective bargaining and therefore may change in the event a new contract is agreed upon.

Date \_\_\_\_\_

\_\_\_\_\_  
*Jane Smith Doe, MD*

Date \_\_\_\_\_

\_\_\_\_\_  
*Holly Singleteary, Human Resources Representative*