

# GME Program Coordinators Meeting

## September 21, 2018

- i) GME Web Resources
- ii) Coordinator Leadership Council
- iii) New Innovations
- iv) ERAS "Will Start" selection of applicants matched into program for import into New Innovations (mandatory in AY 20 appointment season)
- v) Re-Appointments/Appointments
- vi) **NPI #'s (needed early for Medicare/Medicaid AND IL IMPACT Application submission)**
- vii) Visa Processing

### ITEMS OF INTEREST

- MDFEA Reports are due on the 3<sup>rd</sup> of each month and hard copies must have Program Director's signature
- LINK TO GME POLICY AND PROCEDURE SITE: <https://sites.google.com/a/slu.edu/graduate-medical-education-policies-and-procedures/>
- Reminder: You must request **banner ids** for rotators and observers using Form 24 which is posted on the above mentioned site. The GME contact in the registrar's office is Laurence Washington ([lwashin4@slu.edu](mailto:lwashin4@slu.edu)) **ONLY!!!**
- FMLA - Residents must file if leave is needed *3 consecutive days or more*

**SAVE THE DATE!!!**  
**NEW INNOVATIONS ON-SITE TRAINING**  
**2/21/19**

***Resident Moonlighting Exception Policy***  
**Saint Louis University XXXXXXXXXXXX Residency**

The SLU XXXXXXXXXXXX Residency Program supports the position that moonlighting should not be regularly endorsed. However, recognizing the financial burden acquired by many medical students and the further financial difficulties associated with a resident's salary, moonlighting will be permitted in a structured format.

Residents must be in good standing within the program. Performance and participation in clinical activities, academic conferences, and on call duties must be given the priority and not compromised when engaging in moonlighting. The program director must approve the moonlighting in advance followed by the GME office and the Dean of the School of Medicine. Moonlighting is a privilege, not a right.

Moonlighting is discouraged during rotations where the resident is expected to spend more than 60 hours per week performing clinical duties. The combination of clinical and moonlighting hours may not to exceed 80 hours per week. Residents must track moonlighting hours in New Innovations. The program director must approve every moonlighting venue the resident plans to work and this must be at a SLU affiliated site.

If in the opinion of the program director or chair, residents' ability to carry out their primary clinical/educational duties is impaired or residency duties are compromised as a result of moonlighting, the moonlighting privileges may be rescinded at any time without warning.

Implementation Date: XXXXXXXXXXXX

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XXXXXXXXXXXX  
Program Director

**Resident Moonlighting Contract**  
Saint Louis University XXXXXXXXXXXX Residency

**I have read and understand the Saint Louis University XXXXXXXXXXXX Residency – Moonlighting Exception Policy and agree to abide by it.**

While a resident, I agree not to moonlight if it will prevent me from attending or actively participating in educational, clinical or on call duties. I am aware of the 80-hour weekly work limit set forth by the ACGME. I understand that my moonlighting will count toward the 80 hour limit and that I may not exceed these limits.

I realize that moonlighting may be considered “external” or “internal” based on the duties. With external moonlighting, clinical work is performed independently, with independent billing and without supervision by an attending physician. External moonlighting requires a permanent state medical license, an independent DEA, independent hospital credentialing, and medical liability insurance from the outside facility where I moonlight.

With internal moonlighting, I will be taking extra hours, shifts, or call beyond what is expected for my program. I understand that my attending physician will be supervising me during this time and I will not be practicing independently or billing personally for my clinical services. My residency provided liability insurance (Saint Louis University) does cover internal moonlighting activities.

I understand all moonlighting sites must be affiliated with SLU. I do not expect faculty or other residents to “back me up” for on-call or other clinical shifts while moonlighting. I understand that I may not be “on-call” for any other residency duties when moonlighting. Moonlighting may not begin prior to 5pm or end after 8am on days when residency duties are expected.

***The Program Director has the right to suspend my moonlighting privileges at any time if he/she feels that my primary clinical/educational responsibilities within the residency are not being met.***

This document is valid for the academic year XXXX-XXXX.

Requested Moonlighting Location: XXXXXXXXXXXXXXXXXXXX (Circle) Internal External

Resident Name: \_\_\_\_\_

\_\_\_\_\_  
Resident Signature                      Date

\_\_\_\_\_  
Program Director                      Date

*Implementation date XXXXXXXXXXXX*



# GRADUATE MEDICAL EDUCATION – FORMAL ACADEMIC REMEDIATION PLAN (FAR)

Resident Name: \_\_\_\_\_ PGY Level: \_\_\_\_\_ Residency Program: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Item	Description	Plan
Characterization of the lapse or performance improvement needs	Use Competencies to characterize	
Goal(s)	Describe in terms of specific competency(ies)	
Requirements: Educate	<i>If needed, activity(ies) for learner to study about expected behavior change, why it is important, what behaviors define success</i>	
Requirements: Behavior/Performance Change	<p><b>SMART objectives</b></p> <ol style="list-style-type: none"> <li>1. Specific – Objectives should specify what they want to achieve.</li> <li>2. Measurable – You should be able to measure whether you are meeting the objectives or not.</li> <li>3. Achievable - Are the objectives you set, achievable and attainable?</li> <li>4. Realistic – Can you realistically achieve the objectives with the resources you have?</li> <li>5. Time – When do you want to achieve the set objectives?</li> </ol>	
Requirements: Monitoring	<i>Who, frequency, expectations for follow-up meetings</i>	
Requirements: GME	<i>Policies or practices that may affect the resident on FAR</i>	
Consequences for incomplete success	<i>Incorporate due process</i>	
Consequences for relapse	<i>Incorporate due process</i>	

Program Director Signature/Date \_\_\_\_\_ ACGME DIO Signature/Date \_\_\_\_\_

Resident Signature/Date \_\_\_\_\_ "I have read and understood the content and terms of this remediation plan. I understand what is expected of me and what I need to accomplish in order to successfully complete it."

July 19, 2018

Julie Gammack, M.D.  
Associate Dean  
Graduate Medical Education  
1402 S. Grand, M260  
St. Louis, MO 63104

**RE: Formation of an official GME coordinators group.**

Dear Dr. Gammack,

As you know, Teresa Hudson, Wanda Bailey- Gregory and myself have worked together since 2016 to formalize resources for coordinators. As of this date, we have completed an online Coordinators Resource Guide, developed yearly timelines, established a mentor / mentee program, held New Innovations training sessions, conducted a "Wellness Survey" and have now we propose to create an official GME coordinators leadership group.

We seek your approval for the following:

**Official name: Coordinator Leadership Council (CLC)**

**Current members:**

Melissa Hummel, Internal Medicine, Chair  
Wanda Bailey-Gregory, Emergency Medicine  
Frances Copeland, Child Neurology  
Tonya Vernon, Infectious Diseases, Allergy and Immunology  
Matthew Heaton, Internal Medicine  
Theresa Hudson, Pediatrics  
Keith Williams, Surgery

For this year, the members will work in "teams" until official nominations take place in April 2019.

**Leadership responsibilities:**

Chair - Lead of the mentoring program / GME meetings & planning / CLC meeting agendas  
Chair Elect - back up to chair / social development / training sessions  
Secretary - correspondence and meeting scheduling

Official voting for these positions will commence in April 2019 with leadership transition to take place July 1, 2019.

Applicants must have 3 years GME experience, can be nominated or can self-nominate but will need a personal goals statement and a letter of recommendation from their program director. The current CLC leadership team and a GME representative to select nominees. Term limits of 2 years. If a resignation occurs, chair elect and secretary move up (if willing) and nomination(s) will be solicited.

**GMEC representation:** Currently, Matthew Heaton will attend these meetings and distribute information to all of the coordinators.

**Budget from the GME office: approximately \$5,000.00**

Sponsor annual coordinator social (off campus) \$700.00 (\$17 / 41 coordinators)

Sponsor luncheon training sessions quarterly. \$1100.00 (\$275.00 per meeting)

Learning materials (books / online resources) pending. Meeting with library staff to see what they can provide.

**IF departments / divisions will not sponsor the coordinator, we ask for the following, if the coordinator is interested:**

1. Sponsor TAGME initial certification \$335.00 per applicant  
(must have 2 years GME experience and meet other requirements to apply  
<http://tagme.org/how-to-apply/> )

2. Sponsor 2 coordinators to attend the New Coordinators' Workshop at the ACGME office in Chicago, IL  
\$ 1355.00 (\$495 registration, \$350.00 air,  
\$400 hotel, \$60 taxi, \$50 food)

OR

3. Sponsor 2 seasoned coordinators to attend their respective annual conferences at the same funding as above.

**Suggestions for approval from the GME office:**

1. Mandatory 4 week Boot Camp for new coordinators (no GME experience), one day per week for four weeks.

1 day with the GME office (visas, contracts, compliance, licensing, CCC, PEC, APE, ACGME)

1 day to discuss the Academic Cycle (Onboarding, VA, Orientation, In-training, Recruitment, Bi- Annuals, Rank List/Match, Scheduling, Curriculum, Boards, Faculty Development, Graduation, Offboarding)

1 day (1/2) New Innovations, (1/2) ERAS for beginners

1 day with a seasoned coordinator (mentor) WEBADS, GMETrack, Milestones, Specialty Boards submissions, timelines, WebADS and Milestones

2. Mandatory mentoring for new coordinators.

3. Offer GME Coordinator meetings early morning with breakfast, versus at noon.

4. Coordinators tab on the GME website to house coordinator specific information such as timelines,

GME Coordinator Meeting Minutes, forms, coordinator contact list, etc.

I look forward to your response.

Respectfully submitted,



Melissa Hummel, C-TAGME

Program Coordinator

Internal Medicine Residency Training Program



**SAVE THE DATE**

**February 21, 2019**

The Office of Graduate Medical Education

*Sponsors On-site*

**NEW INNOVATION  
CONFERENCES**

**8:00am—4:30PM** *(tentatively)*



Saint Louis University School of Medicine  
Key Dates - AY 20

Dates

9/15/2018	2019 Main Residency Match Opens
11/30/18– 12/14/18	Submission of Requests for <b>Re-appointment</b> for all returning Residents and Fellows <b>Note: Any resident not receiving a re-appointment must receive notification in writing by January 1, 2018. This does not include residents who are graduating.</b>
12/14/18	Submission of Requests for <b>Appointment</b> (outside of the Main Match, if applicable)
1/11/19	<b>All signed Re-appointment letters and Renewal License and BNDD Applications returned to GME Office; All pre-match appointment letters returned to GME Office</b>
1/15/19	NRMP Rank Order List Entry Begins
1/31/19	NRMP Match Quota Change Deadline, Withdrawal and SOAP participation deadline; 11:59pm ET
2/20/19	NRMP Match Rank Order List Certification Deadline; no later than 9pm ET
3/11/19	NRMP – Applicant unmatched information posted to the website at 11:00am ET Supplemental Offer and Acceptance Program (SOAP) begins at 11am ET
3/14/19	NRMP Filled and unfilled results for individual programs posted to the website at 12:00pm ET Supplemental Offer and Acceptance Program (SOAP) concludes at 11:00am ET
3/15/19	NRMP Match Day! – Match results for applicants are posted to Website at 1:00pm ET
3/18/19	<b>All appointment requests to GME Office</b>
3/29/19	<b>All appointment letters returned to GME Office for inclusion in packets to residents</b>
4/12/19	<b>All signed appointment letters and license applications must be returned by incoming residents to the GME Office for processing at the MO State Board STRESS TO YOUR RESIDENTS TO RETURN THE DOCUMENTATION!!!</b>
4/30/19	<b>Termination List confirmation from all Programs to GME Office</b>
5/27/19	<b>Certificate requests to GME Office</b>
6/03/19	Coordinators have reviewed and approved list of current residents
6/08/19	All certificates have been signed by GME Dean and returned to the Programs. <i>(Final Evaluations must be turned in to the GME Office before certificates are released)</i>
6/17-19/19	PGY I – Housestaff Orientation
7/1/19	PGY II and above – Housestaff Orientation

**SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE  
GRADUATE MEDICAL EDUCATION  
APPOINTMENT REQUEST FORM**

<b>Name of Resident/Fellow</b>		<b>Degree</b>	
<b>Department</b>		<b>New Appointment</b>	
<b>Department Number (D# or Z#)</b>		<b>Amended Appointment</b>	
<b>Program (Formal Name)</b>		<b>Migrating to another SLU Program? (circle)</b> Y N	
<b>Address</b>		<b>PGY Level</b>	<b>Program Level</b>
		<b>Compensation Status</b>	
<b>Gender: M F</b> <small>Male(M) Female(F) Circle One</small>	<b>Race/Ethnicity:</b>	<b>Date of Birth:</b> / /	
<b>Social Security #</b>		<b>Cell Phone #</b>	
<b>Permanent Email Address (No Med School)</b>		<b>NPI #:</b>	
<b>Medical School</b>		<b>Graduation Date:</b> / /	
<b>Prior US training- List All ACGME Programs (if subspecialty, list accordingly) &amp; Dates Prior to coming to SLUSOM:</b>			
<b>Residency Program #1:</b> _____			
Location (city and state): _____ Start Date: _____ End Date: _____			
<b>Residency Program #2:</b> _____			
Location (city and state): _____ Start Date: _____ End Date: _____			
<small>_____ Check here If More than 2 prior programs &amp; continue listing Prior Residency Program Information on a separate sheet of paper &amp; attach it to this form</small>			
<b>Country of Birth</b>	<b>Country of Citizenship</b>	<b>Visa Status (if applicable)</b>	
<b>American/Canadian or International Medical Graduate</b>		<b>Has Missouri license been issued? (circle)</b>	Y N
<b>If IMG – ECFMG # (include copy of certificate)</b>	<b>Is Missouri license Permanent or Temporary? (If resident has permanent Missouri license a copy must be attached.)</b>		
<b>Date ECFMG Issued</b>		<b>Missouri License Number</b>	
		<b>Missouri license date of expiration</b>	
<b>Contract Start Date</b>	<b>Contract End Date (Annual Date)</b>	<b>Program Completion Date (Length of residency)</b>	

**NOTE: A copy of the ERAS application or CV for each resident or fellow must be attached to the Appointment Request Form. For any Resident with a stipend over \$60,000, a Duties Letter must be attached. For any appointee who currently has a Permanent Missouri License, a copy of their Permanent MO License, BNDD certification, and DEA certificate must be attached. A copy of the following documents must also be attached for IMG's IF APPLICABLE: ECFMG certificate, Employment Authorization Card, Permanent Resident Card, Passport, and/or Visa. Any J1 Visa applicant entering a subspecialty program, a Fellowship Program Description Letter must be attached. A copy of the DPV paperwork for H1B Visa applicants must be attached. Failure to submit documents as indicated above will delay the processing of the Appointment Request.**

\_\_\_\_\_  
PRINT Name and Title of Individual Completing this Form

\_\_\_\_\_  
SIGNATURE of Individual Completing this Form & DATE

Please sign, date, and forward the completed form along with required supporting documents to the Office of Graduate Medical Education, RoomM260, Schwitalla Hall. **(Form must be complete for appointment letter to be processed.)**

Revised 09/2018

**SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE  
GRADUATE MEDICAL EDUCATION  
RE-APPOINTMENT REQUEST FORM**

<b>Name of Resident/Fellow:</b>		<b>Degree</b>	
<b>Department:</b>		<b>Renewal</b>	
<b>Department Number (D# or Z#):</b>			
<b>Program: (Formal Name)</b>		<b>Visa Status</b>	
<b>Current Address:</b>		<b>PGY Level</b>	<b>Program Level</b>
			<b>Compensation Status</b>
<b>Race/Ethnicity:</b>		<b>Gender:</b> (circle) <b>Male</b> <b>Female</b>	
<b>NPI #:</b>			
<b>Resident Phone #:</b>		<b>Social Security #</b>	
<b>SLU Email Address:</b>			
<b>Comments:</b>		<b>Temporary License or Permanent License (circle one)</b>	

  

<b>Contract Start Date</b>		<b>Contract End Date</b>	
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**NOTE:** For any resident or fellow with a **Permanent Missouri License**, please forward a copy of their renewed Permanent Missouri License to our office no later than 30 days after renewal. Also, please forward a copy of their renewed **DEA certificate** and **BNDD certificate**/web printout to our office **no later than 30 days after renewal**.

For **International Medical Graduates** who have renewed or will renew their Permanent Resident Card or Employment Authorization Card, please forward a copy of their renewed card to our office no later than 30 days after renewal.

**A copy of the DPV paperwork for H1B visa renewals must be attached.**

**For any Resident receiving a stipend greater than \$60,000, a duties letter must be attached.**

**Failure to submit documents as indicated above will delay the processing of the re-appointment request.**

\_\_\_\_\_  
PRINT Name and Title of Individual Completing this Form

\_\_\_\_\_  
SIGNATURE of Individual Completing this Form & DATE

**Please sign, date, and forward the completed form to the Office of Graduate Medical Education, Room M260, Schwitalla Hall. (Form **must** be **complete** for re-appointment letter to be processed.)**

Revised 09/2018

## Renewals/Re-appointment Process

*Note: Community and Family Medicine in O'Fallon will order trainees' IL licenses.*

1. The Program Coordinator should submit a re-appointment request form to the GME office at least 6 months prior to the housestaff member's current contract end date or by the specified date/deadline indicated on the GME Key Dates Calendar. Please make sure that the re-appointment request form is fully completed and the information indicated on the form is accurate. (Please make sure that the current address for the housestaff member is indicated on the re-appointment form when it is submitted to the GME office).
2. The re-appointment request is processed in the GME Office. *(Please do not instruct housestaff members to contact the GME office to determine when or if their re-appointment has been processed. Program Coordinators should contact the GME office to inquire about the status of re-appointment packets).*
3. Three re-appointment letters are generated and a personalized re-appointment packet is assembled for each housestaff member.
4. Junada Wilbourn will email Program Coordinator informing when re-appointment packets are ready for pick up.
5. The Program Coordinator will pick up the re-appointment packet(s) from Junada Wilbourn.
6. The Program Coordinator will review the letters for accuracy and obtain the signature of their Program Director and Department Chair on all three letters for each housestaff member. *(Please Do Not scratch through the information on the letters. If there is an error on the letters such as an incorrect address or stipend rate, etc., please notify Junada Wilbourn by email asap and she will generate new letters for that housestaff member).*
7. **After obtaining the Program Director and Chair's signature, the Program Coordinator will disburse the packets to their housestaff members instructing the housestaff members that these are time-sensitive documents that must be completed and returned per the instructions on their cover letter.**
8. The Housestaff members will then sign all three letters and complete the paperwork that is attached in their packet. All three letters and all applications should be returned to the Program Coordinator within 5 days of receipt of the packet. *(Please make sure that the bottom portion of the I-644 Form (for Visa holders) is completed by the current Program Director before it is returned to Junada Wilbourn, if the person is changing programs the form must still be signed by current program director).* The program coordinator should review the signed re-appointment letters and the completed applications to make sure that the housestaff member, program director, and chair has signed all three letters and that all three letters have been returned. Also, the Program Coordinator will review the applications to make sure they are fully completed, signed and notarized.
9. **The Program Coordinator will return all three signed re-appointment letters and the completed applications for each house staff member to Junada Wilbourn ASAP. Junada Wilbourn will obtain Dr. Julie Gammack's signature and return two re-appointment letters to the Program Coordinator (one for housestaff member and the other for the department files) via interoffice mail.**
10. Copies of renewed licenses and the housestaff MO license pocket cards will be sent via inter-office mail to the Program Coordinator upon receipt. The Program Coordinator should disburse MO License pocket card to housestaff member. The BNDD certificates are available online.

**Note: Please remember re-appointment requests will not be processed if required paperwork is not attached to the re-appointment request form.**

## New Appointment Process

### **\*ONLY THE GME OFFICE MAILS PACKETS TO NEW APPOINTEES\***

*Note: Community and Family Medicine in O'Fallon will order trainees' IL licenses.*

1. The Program Coordinator should submit an appointment request form to the GME office at least 6 months prior to housestaff member's start date or by specified date/deadline indicated on the GME Key Dates Calendar. Please make sure that the appointment request form is fully completed and the information is accurate.
2. The appointment request is processed in the GME Office. *(Please do not instruct incoming housestaff members to contact the GME office to determine when or if their packet has been mailed out. Program Coordinators should contact the GME office to inquire about the status of outgoing appointment packets).*
3. Three appointment letters are generated. Junada Wilbourn will email Program Coordinator informing when appointment letters are ready for pick up. The Program Coordinator will pick up the appointment letters from Junada Wilbourn.
4. The Program Coordinator will review the letters for accuracy and obtain the signature of their Program Director and Department Chair on all three letters for each incoming housestaff member. *(Please Do Not scratch through the information on the letters. If there is an error on the letters such as an incorrect address or stipend rate, etc., please notify Junada Wilbourn by email asap and she will generate new letters for that housestaff member). Please DO NOT mail to incoming housestaff for signatures.*
5. **The Program Coordinator will return all three of the signed appointment letters to Junada Wilbourn in the GME Office asap. Junada Wilbourn will obtain Dr. Gammack's signature and compose a personalized appointment packet for each incoming housestaff member.**
6. Junada Wilbourn **will mail** the appointment packet **directly** to new incoming housestaff member. Please ensure that the address is accurate especially if they are graduating applicants.
7. Junada Wilbourn will work directly with incoming housestaff member regarding appointment letters, applications, visas, and other documents to ensure they are properly credentialed prior to their start date.
8. The following items will be returned to the Program Coordinator for each housestaff member upon receipt in the GME Office: An original appointment letter, a copy of the MO Temporary License, and a MO Temporary License pocket card (for housestaff who are on a MO Temp License). The Program Coordinator should disburse the MO Temporary License pocket cards to housestaff members. The BNDD certificates/verifications are now available online at <http://www.dhss.mo.gov/safety/bndd/bnddy.php>.

**\*\*\*\*\*Note: Please remember appointment requests will not be processed if the required paperwork is not attached to the appointment request form. DPV's for H1B must be attached before the request is made. All changing employers and initial H1B applicants MUST pay the premium processing fee. The Department is responsible for the other fees. (See H1B processing sheet) \*\*\*\*\***

September 19, 2018

«Name», «Degree»  
«Address», «Address2»  
«City», «State» «Zip»

Dear Dr. «Last\_Name»:

We are pleased to offer you an appointment as a Graduate Medical Education Program Level «Program\_Level», Postgraduate Level «Stipend\_PGY\_Level» trainee in the «Program» Residency Program of the Saint Louis University School of Medicine for the period of «CC\_Start\_Date» through «End\_Date». Any delay in beginning your graduate medical education training must have written prior approval by the Department Chairperson and the Associate Dean for Graduate Medical Education. The stipend for trainees assigned to the Saint Louis University Group of Hospitals will be as follows: «Yearly\_Stipend». Minor differences in the stipend amount or benefits may occur during periods when trainees are assigned to certain of our affiliated teaching hospitals.

The appointment is contingent upon: 1) graduation from an approved School of Medicine or Osteopathy in the United States or Canada; or, if a graduate of an international medical school, certification that you have successfully completed the requirements of the Education Commission for Foreign Medical Graduates and either 2) a permanent Missouri license to practice medicine and surgery in the State of Missouri, a permanent DEA license, and a permanent Missouri Controlled Substance Registration certificate; or a temporary license to practice medicine and surgery in the State of Missouri and a temporary Missouri Controlled Substance certificate (in this instance an affiliated hospital's DEA registration number may be used on a temporary basis). The Graduate Medical Education Office will assist you in processing your temporary license and BNDD. Completed applications for temporary licensure and BNDD must be received in the Graduate Medical Education Office no later than 12 weeks before your clinical training begins.

Various terms, conditions, benefits, and responsibilities that pertain generally to your appointment are described in the attached materials. Failure to maintain and furnish upon request approvals, records of all prior medical training, and licensures as described above shall be cause for immediate dismissal from the program.

Your appointment will be held open for twenty-one (21) days from the date of receipt of this letter, after which, in the absence of your acceptance, this offer will be no longer in effect.

Please complete, sign three copies of this letter indicating your acceptance or refusal of this appointment. Retain a copy for your records, and return two. It is a pleasure to welcome you into the graduate medical education programs of the Saint Louis University School of Medicine. We wish you great success in your educational and patient care experiences.

**Saint Louis University School of Medicine**

\_\_\_\_\_  
Associate Dean

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Department Chairperson

I hereby \_\_\_ (accept) \_\_\_ (decline) the offer of an appointment as a graduate medical education trainee of the Saint Louis University School of Medicine. I have read and understood the terms, conditions, benefits, and responsibilities pertaining to the appointment as set forth in this Appointment Letter and the information covering Graduate Medical Education Training Program at Saint Louis University School of Medicine; and agree to pursue my educational objectives in a manner consistent with the policies stated therein.

\_\_\_\_\_  
Signature - «Name», «Degree»

\_\_\_\_\_  
Date

September 19, 2018

«Name», «Degree»  
«Address» «Address2»  
«City», «State» «Zip»

We are pleased to offer you a reappointment as a Program Level «Program\_Level», Postgraduate Level «Stipend\_PGY\_Level» trainee in the «Program» **Residency Program** of the Saint Louis University School of Medicine for the period of «CC\_Start\_Date» through «End\_Date». The stipend for trainees assigned to the Saint Louis University Group of Hospitals will be as follows:

**«Yearly\_Stipend» Gross Annual.**

Minor differences in the stipend amount or benefits may occur during periods when trainees are assigned to certain of our affiliated teaching hospitals.

This reappointment is subject to the same terms and conditions as were set forth in your initial appointment letter and to the terms, conditions, benefits and responsibilities described in the attached information sheet.

Please complete and sign below indicating your acceptance or refusal of this reappointment. Your appointment will be held open for twenty-one (21) days from the receipt of this letter, after which, in the absence of your acceptance, this offer will be no longer in effect. A copy of this letter is attached for your records.

\_\_\_\_\_  
Associate Dean

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Department Chairperson

I hereby \_\_\_ (accept) \_\_\_ (decline) the offer of a reappointment as a postgraduate trainee of Saint Louis University School of Medicine.

\_\_\_\_\_  
Signature: «Name»

\_\_\_\_\_  
Date