

I, **NAME, DEGREE** (appointee), hereby accept appointment at the University of Kentucky (University), Lexington, Kentucky as specified below. I understand the training program under which this appointment has been offered is conducted at the University of Kentucky in its University Hospital and affiliated entities under the jurisdiction of the faculty of the Colleges of Medicine, Dentistry, Pharmacy, Public Health, and Health Sciences.

Type of appointment: **Intern/Resident/Fellow**  
Training program: **Program name**  
Appointment Dates: **Contract Start Date – Contract End Date**  
PGY: **PGY level**  
Stipend: **\$**

**Professional liability insurance** – Occurrence coverage under the University self-insured professional liability insurance plan will be provided for authorized training activities. Details contained in the GME Resident/Fellow Handbook.

**Health and disability insurance** - Health insurance will be provided by the University with costs shared by the University and appointee. Disability insurance will be provided in accordance with University policy beginning twelve (12) months after appointment. Access to disability insurance prior to that is available.

**Life insurance** – Basic life insurance provided by University. Additional option insurance is available.

**Leave of absence** – **AMT**. weeks of vacation, eight holidays, four holiday bonus days and accrued sick leave of one (1) day per month in accordance with University policy **OR** in compliance with board requirements. A summary of board requirements is appended to the GME Resident/Fellow Handbook.

**Duty hours** – Duty hours will be in compliance with accrediting body requirements. Institution specifics are contained within the GME Resident/Fellow Handbook. Programs also have program-specific duty hours policies.

**Moonlighting** – Moonlighting is subject to the requirements of the training program and as specified by the program director. I will not be required to engage in moonlighting. Approval for moonlighting must be provided prospectively, in writing, by my program director, with a copy included in my file. University is not legally responsible for any non-training program practice activities, and I am responsible for assuring adequate liability coverage. Moonlighting must not conflict with training activities, and must not exceed the duty hour limitations as stated in the accreditation guidelines for my specialty, or other more stringent requirements as may be prescribed by my program director. I understand that any activities that interfere in any way with training or reflect unfavorably on the University may be grounds for summary dismissal.

**Counseling services** – Counseling services are available and described in the GME Resident/Fellow Handbook.

**Physician/practitioner impairment** – Physician/practitioner impairment policies and assistance are described in the GME Resident/Fellow Handbook.

**Harassment** - University strives to provide an environment free of bias or harassment. I agree to conduct myself accordingly. Procedures are in place to deal with such events, should they occur, and are described in the GME Resident/Fellow Handbook.

**Accommodation for disabilities** – Disabilities will be accommodated in accordance with the Americans with Disabilities Act and University policy, as applicable.

**Grievance procedures and due process** – Administrative Regulation (AR) 5:5, "Grievance Procedure for House Officers," is available via the GME web site ([www.mc.uky.edu/gme](http://www.mc.uky.edu/gme)) or on the University web site, or can be obtained from the GME office.

**Restrictive covenants** – I will not be required to sign a restrictive covenant.

**Appointee's Responsibilities**

I acknowledge that any misrepresentations or failures to fully disclose requested information shall be sufficient cause to result in the immediate revocation of my appointment or denial of appointment.

I understand that every physician and dentist and pharmacist in a training program is required to have a Kentucky license at the earliest date for which he/she is eligible. It will be my responsibility to be examined and licensed. I understand that appointment and/or stipend and benefits as a PGY-2 or above (PGY-1 for pharmacists and dentists) will be contingent upon having a valid state of Kentucky license.

I agree to devote my time and interests fully to the welfare of the patients assigned; to provide compassionate, efficient and cost-effective care commensurate with my level of training and responsibility; to assume responsibility in the teaching or professional direction of students and other interns/residents/fellows; to be responsive to the supervision and direction of professional staff involved in my education and patient care activities; and to take advantage of all opportunities offered to improve my knowledge and skills in the profession.

I am bound and will abide by the Behavioral Standards, and agree to abide by the policies, regulations and procedures of any hospital or institution to which I am assigned for any part of my training and other responsibilities as assigned by my program. I understand that additional responsibilities may be described in the GME Resident/Fellow Handbook and or provided to me by my program. I understand that this contract may be terminated for any serious or repeated breach of ethics or discipline.

**Conditions for continued appointment and/or reappointment** - I acknowledge that my continued appointment and/or reappointment is dependent upon fulfilling my responsibilities and maintenance of an acceptable academic standing in my program.

**University's Responsibilities**

In addition to providing the stipend and benefits listed on page 1 of this contract, University will provide a training program that meets the standards prescribed by the Accreditation Council for Graduate Medical Education (ACGME) or other applicable accrediting body.

University will provide appointee with evaluations on a regular basis, and recommendations for professional growth. A certificate, signed by the appropriate representatives of the University will be awarded to appointee upon completion of training.

University will inform appointees as soon as possible if and when it intends to reduce the size of, or close one or more programs, or when the sponsoring institution intends to close. University will allow appointees to finish training or assist them in enrolling in an accredited program(s) in which they can continue their education.

APPOINTEE:

FOR UNIVERSITY OF KENTUCKY:  
Assistant Dean for Graduate Medical Education

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SIGNATURE

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DATE

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SIGNATURE

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DATE