

<b>Section 3 Appointment of Physicians as Residents and Fellows</b>	<b>Date Revised: January 2001, July 2007</b>
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NAME  
Address

Date

### APPOINTMENT LETTER

We are pleased to offer you an appointment as a graduate medical education Level V trainee in the \_\_\_\_\_ **Residency Program** of the Saint Louis University School of Medicine for the period of **June 20, \_\_\_\_ through June 30, \_\_\_\_**. 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: \$ \_\_\_\_\_ - **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.

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 Educational 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 number or a temporary license to practice medicine and surgery in the State of Missouri and a temporary Missouri Controlled Substances registration number (in this instance, the affiliated hospital's DEA registration number may be used on a temporary basis). The Graduate Medical Education Office will assist you in processing number 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(21) days from the date of receipt of this letter, after which, in the absence of your acceptance, this offer will be no longer in effect. A copy of this letter is enclosed for your records.

Please complete, sign and return this letter indicating your acceptance or refusal of this appointment. It is a pleasure to welcome you into the graduate medical education program of the Saint Louis University School of Medicine. We wish you a most successful and satisfying educational experience.

#### Saint Louis University School of Medicine

\_\_\_\_\_  
Associate Dean for Graduate Medical Education

\_\_\_\_\_  
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 the Appointment Letter, and 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 – Resident

\_\_\_\_\_  
Date