POLICY

A letter of acceptance and offer shall accompany all contracts offered for residency/fellowship positions and issued through the Graduate Medical Education (GME) office.

PURPOSE

To clarify that contracts are offered yearly. These statements have been approved by legal counsel for The University of Toledo and adopted for required use by the Graduate Medical Education Committee.

PROCEDURE

Contracts will be issued by the Graduate Medical Education office upon receipt of the appropriate documentation from the residency/fellowship training program.

Contracts issued to residents/fellows at The University of Toledo will be issued through the end of the academic year, regardless of the original start date of the resident/fellow into the training program. Certain exceptions may apply at the discretion of the GME office (i.e. for visa purposes).

Contract Procedures for Incoming Residents/Fellows

The Program Director must submit the following information in order to have a contract issued for Residents/Fellows entering into a training program at The University of Toledo:

**Residents/Fellows entering training through a “matched” position:**
1. Required documents as noted on the appropriate Contract Documentation Checklist (Appendices A & B).
2. Personnel Change Form (1/2 sheet)

**Residents/Fellows entering training outside of a “matched” position:**
1. Required documents as noted on the appropriate Contract Documentation Checklist (Appendices A & B).
2. Letter of offer from the Program Director
3. Personnel Change Form (1/2 sheet)

**Contract Procedures for Continuing Residents/Fellows**

1. The Program Director must submit a letter to the GME Office indicating the resident’s performance has been reviewed and the resident has met the criteria, as outlined by the residency program, for advancement/promotion to the next level or continued training at the same level in order to have a contract issued. (Appendix C).

2. Personnel Change Form (1/2 sheet)

**Letter of Offer Language for Accompanying Contracts**

For use when offering a position in a CATEGORICAL PROGRAM:

Enclosed you will find a contract for academic year ____-____. Contracts for categorical positions at The University of Toledo are offered and renewed on a yearly basis subsequent to satisfactory performance and compliance with departmental requirements.

For use when offering a position in a PRELIMINARY YEAR PROGRAM:

Enclosed you will find a contract for academic year ____-____. This contract for residency at The University of Toledo is offered for one year only for a Preliminary Year in ______ and in no way implies continuation into a categorical program. Credit for this year is contingent upon satisfactory performance of your duties during this preliminary year.

<table>
<thead>
<tr>
<th>Program Director</th>
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<tr>
<td>__________________</td>
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<td>Revised September 24, 2009</td>
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<tr>
<td>Reviewed March 9, 2010</td>
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Appendix A

The University of Toledo
Graduate Medical Education Office

US / CANADIAN GRADUATES
Contract Documentation Checklist
(New Hires)

Name: ________________________  Hire Date: ____________________

Residency Program: _______________________ PG-Level____________________

Return completed form to GME Office, 3rd Floor, Mulford Library

➢ The following documents must be attached and received no later than (date) in order for a contract to be issued:

(     ) A completed application form (original or ERAS)

(     ) An up-to-date resume – including USMLE Step I & II scores (original or ERAS)

(     ) Dean’s letter (original or ERAS)

(     ) Two (2) additional letters of recommendation from US physicians (original or ERAS)

➢ The following documents must be attached and received no later than (date) in order for the resident to be eligible to begin training:

(     ) One (1) notarized copy of medical school diploma

(     ) Transcript – **original only** with registrar’s signature and seal

(     ) One (1) notarized copy of certificates from previously completed residencies

(     ) Documentation of e-mail to Mary Genalo, Reimbursement Analyst, the following information:

   Name
   SSN#
   Initial residency program including hospital & specialty (US training)
   Previous U.S. training for figuring # years completed (detailed)
   Name of Medical School with date of graduation
   U.S. grads – copy of medical school diploma

➢ All documents must be attached by the noted date in order for the contract to be issued and processed in accordance with GME Policy A-10-09-00005-0207 (or most recent version as listed on website).

➢ No faxed documents will be accepted
The University of Toledo
Graduate Medical Education Office

INTERNATIONAL MEDICAL GRADUATES
Contract Documentation Checklist
(New Hires)

Name: __________________________________ Hire Date: ____________________
Residency Program: _______________________ PG-Level__________________

Return completed form with appropriate documentation to the GME Office, 3rd Floor, Mulford Library.

➢ The following documents must be attached and received no later than (date) in order for a contract to be issued:

(   ) A completed application form (original or ERAS)
(   ) An up-to-date resume (original or ERAS)
(   ) Dean’s letter (original or ERAS)
(   ) Two (2) additional letters of recommendation from US physicians (original or ERAS)
(   ) ECFMG certificate or ECFMG Status Report

➢ The following documents must be attached and received no later than (date) in order for the resident to be eligible to begin training:

(   ) One (1) notarized copy of ECFMG certificate
(   ) One (1) notarized copy of medical school diploma
(   ) Transcript (original with registrar’s signature and seal or ERAS)
(   ) One (1) notarized copy of certificates from previously completed residencies
(   ) One (1) notarized copy of I-94 (front and back), EAD, H-1b, or permanent visa
(   ) Documentation of e-mail to Mary Genalo, Reimbursement Analyst, the following information:
   Name
   SSN#
   Initial residency program including hospital & specialty (US training)
   Previous U.S. training for figuring # years completed (detailed)
   Name of Medical School with date of graduation
   Copy of ECFMG Certificate

➢ All documents must be attached by the noted date in order for the contract to be issued and processed in accordance with GME Policy A-10-09-00005-0207 (or most recent version as listed on website).

➢ No faxed documents will be accepted.
Intent to Renew Contract Template

Intent to Renew Contract Template Procedure
1. Completion of template (below)
2. To be discussed with resident
3. To be sent to GME office upon receipt of resident’s signature

Date:

Dear RESIDENT/FELLOW NAME,

On behalf of The University of Toledo, I am pleased to notify you of our intent to renew your contract as a resident in the NAME OF PROGRAM training program for the 200x through 200x academic year. This intent to reappoint you is based upon your satisfactory progress in the program to date to the following level:

Total Length of Educational Residency Program:

PGY Level/R Level:

Dates of Duration for PGY Level/R Level:

The renewal of your contract is dependent on your continued satisfactory performance in meeting the training program requirements and the terms and conditions of your current contract. This intent to renew may be revoked at any time should you fail to meet these obligations and your contract may be terminated should you fail to meet these obligations.

I look forward to your continuation within our program and ask that you acknowledge your intent to renew your contract by signing below and returning the original copy of this letter to me. A contract will be sent to you for your signature by the Graduate Medical Education office.

Sincerely,

________________________________________
Program Director Signature

__________________
Date

________________________________________
Resident/Fellow Signature

__________________
Date