

Offer of Appointment 2025

Instructions:

Boston Medical Center appoints you as a Status to the program and term noted above, contingent upon the successful completion of your current year of training, if applicable. The current compensation is \$xx,xxx.xx this includes annual salary of xx,xxx.xx and stipend \$x,xxx.xx.

1* I agree to abide by the policies, the procedures, and the bylaws, rules and regulations of Boston Medical Center and all sites to which I am assigned.

- Yes
- No (please explain)

2* I agree to fulfill the educational and clinical responsibilities of the graduate medical education training program, during the effective dates, as noted in the ACGME Program Requirements and other approved standards, and act in accordance with the policies, procedures, and goals/objectives of the training program.

- Yes
- No (please explain)

3* I agree to the release of information to Boston Medical Center pertaining to my professional practice and agree to report to the Institution or its agent(s) incidents involving potential liability during the performance of professional services as part of the training program which occurs at Boston Medical Center or any other health care setting. In addition, I agree to provide reasonable cooperation in the investigation and defense of any such incident by the Institution.

- Yes
- No (please explain)

4* I will have valid U.S. work authorization.

- Yes
- No (please explain)

5* I will have a valid Massachusetts Limited or Full License to practice medicine throughout the appointment. I will provide copies of all license applications and wallet card.

- Yes
- No (please explain)

6* I acknowledge that failure to obtain such U.S. work authorization and/or valid medical license within sixty (60) days of the date of this appointment shall cause this offer to be rescinded. Failure to maintain such U.S. work authorization and/or valid medical license shall be grounds for suspension and/or termination.

- Yes
- No (please explain)

The Resident/Fellow hereby accepts this offer of appointment

Signatures

Trainee

Date & Time

Program Director

Date & Time

DIO

Date & Time