



UNC
HOSPITALS

Name of Applicant: _____

(please print)

Name of Program: _____

I have received from UNC Hospitals a copy of the Graduate Medical Education Appointment Agreement that I will be expected to sign if I match to UNC. The materials I received (either through the UNCH GME Website, a CD, or a flash drive) also include the salary and benefits currently in effect, the Application for Appointment to Graduate Medical Education, and the following UNC Hospitals Policies:

Academic Improvement; Accommodation of Residents with Disabilities; Confidential Support Services; Duty Hours; Eligibility and Selection for Recruitment and Appointment; Fit for Duty Institutional Leave of Absence; Medical License Requirements; Misconduct; Moonlighting; Paid Time Off; Reappointment, Non-Reappointment and Dismissal; Residency Closure/Reduction; Resident and Subspecialty Resident Family Medical Leave; Resident and Subspecialty Resident Serious Medical Illness and Parental Leave; Restrictive Covenant Policy.

I understand that salary and benefits and the appointment agreement are reviewed annually as part of the fiscal year budget process, that they are subject to change, and that the information will be posted to the UNC Graduate Medical Education website (<https://www.uncmedicalcenter.org/uncmc/professional-education-services/office-of-graduate-medical-education/>) in May or June of 2019.

I understand that the application and policies are reviewed annually by the Graduate Medical Education Committee and the Medical Staff Executive Committee and are subject to revision.

(signature)