

## UNIVERSITY OF CINCINNATI MEDICAL CENTER

GRADUATE MEDICAL EDUCATION CONTRACT	
This Contract ("GME Contract"), by and between UC Health, LLC on behalf of University of Cincinnati Medical Center, LLC ("UCMC"), located in Cincinnati, Ohio, and ("Resident"), sets forth the terms and conditions of the Resident's appointment to UCMC's postgraduate medical education program (the "Program"), assigned to the department of Advanced Education in General Dentistry.  Commencing on (the "Commencement Date") the Resident shall be appointed to the Program at the PGY 1 postgraduate year level. The Resident shall be an employee of UC Health. Annual compensation for this level is \$62,725.00 plus benefits. By signing this GME Contract, the Resident accepts such appointment and agrees to comply with the terms and conditions of this GME Contract and the terms and conditions of the 2023/2024 University of Cincinnati Medical Center Graduate Medical Education Standard Terms & Conditions and Exhibits A and B attached thereto (together, the "Standard Terms & Conditions"), which are incorporated herein by reference in their entirety and made a part of this GME Contract as if fully restated in this GME Contract.	
Terms, conditions, policies and procedures regarding Term Responsibilities, Academic Deficiencies and Misconduct, F Resident, Documentation required for Certification for Eligi detailed in the Standard Terms & Conditions.	Reappointment, Records and Patient Files, Covenants of
By signing this GME Contract, the Resident affirms that Reconditions of this GME Contract, including any attachments	esident has read, understands and agrees to all the terms and s thereto.
This GME Contract is not valid until it is executed by: (i) the designee, (iii) and the Designated Institutional Official.	e Resident; (ii) the Resident Program Director, or his or her
Resident	Date
Program Director, Dr.Nicole White, DDS	Date
Dr. Louito Edje, DIO	Date
Original (Office of GME) Copy (Training Program) Copy (Resident) May 3, 2023 2023/2024	

By initialing this statement, I hereby acknowledge that it is my professional responsibility as a physician to hold a valid Ohio State Medical Training Certificate or Permanent License for the duration of this GME Contract. I am also required to keep the Medical board updated of any change in status or address.

Initials