

**UNIVERSITY OF CINCINNATI MEDICAL CENTER
ADVANCED EDUCATION IN GENERAL DENTISTRY CONTRACT**

This Advanced Education in General Dentistry Contract (“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 Resident’s appointment to UCMC’s postgraduate education program in General Dentistry (the “Residency Program”).

Commencing on _____ (the “Commencement Date”) Resident shall be appointed to the Residency Program at the _____ postgraduate year level. Resident shall be an employee of UC Health. Annual compensation for this level is \$52,681 plus benefits. By signing this Contract, the Resident accepts such appointment and agrees to comply with the terms and conditions of this Contract and the terms and conditions of the 2015/2016 Advanced Education in General Dentistry 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 Contract as if fully restated in this Contract.

This Contract shall be effective for a maximum period of **12 months** from the Commencement Date, expiring on _____. Continuing participation in the Residency Program is contingent upon the Resident’s successful progress through the Residency Program. This Contract may be terminated by UCMC at any time for grounds specified in the Standard Terms & Conditions.

Terms, conditions, policies and procedures regarding Terms of Appointment, Duties of Resident, Institutional Responsibilities, Academic Deficiencies and Misconduct, Reappointment, Records and Patient Files, Covenants of Resident, Documentation required for Certification for Eligibility, Compensation and Benefits, and other matters are detailed in the Standard Terms & Conditions. (Note: Section 4 Leave - total paid time off is 15 days – 10 vacation and 5 sick).

By signing this Contract, the Resident affirms that Resident has read, understands and agrees to all the terms and conditions of this Contract, including the Standard Terms & Conditions.

This Contract is not valid until it is executed by: (i) the Resident; (ii) the Residency Program Director, or his or her designee, (iii) the Designated Institutional Official for Graduate Medical Education at UCMC, or his or her designee and (iv) an authorized representative of UC Health.

Resident	Date	Residency Program Director	Date
Designated Institutional Official		Date	

Original (Office of GME)	
Copy (Residency Training Program)	February 15, 2016
Copy (Resident)	2015/2016

By initialing this statement, I hereby acknowledge that it is my professional responsibility to hold either a valid permanent license or training certificate granted by the Ohio State Dental Board for the duration of this Contract. I am also required to keep the Ohio State Dental Board updated of any change in my status or address.

Initials