

UNIVERSITY OF CINCINNATI MEDICAL CENTER
GRADUATE MEDICAL EDUCATION 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 assigned to the department of **Advanced Education in General Dentistry**.

Commencing on _____ 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 \$55,348.00 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 2016/2017 Graduate Medical Education 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 GME Contract as if fully restated in this GME Contract.

This GME Contract shall be effective until **6/30/_____**. Continuing participation in the Residency Program is contingent upon the Resident’s successful progress through the Residency Program. This GME 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.

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

This GME 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.

Resident

Date

Program Director, Jerome McMahon, D.D.S.

Date

Designated Institutional Official and VP of Education *Date*

Original (Office of GME)

Copy (Training Program) _____

Copy (Resident) _____

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