**Clinical Fellow Appointment OfferTemplate (Text in red is optional)**

Date

Name

Address

Dear Dr. Name,

I am pleased to offer you an appointment as a 1st, 2nd, 3rd, 4th year Clinical Fellow, PGY \_\_\_ in the Department of \_\_\_\_\_\_\_\_ beginning [Date]. Your first week is considered preorientation for completion of required online training modules. You are not expected on campus until [Date]. This is a \_-year fellowship program. Fellows are employed at-will and decisions regarding reappointment to successive training levels will be determined annually by the Training Program Director. For the initial year of the fellowship, your annual salary will be approximately $\_\_\_\_\_ paid on a monthly basis.

Benefits

Washington University offers a variety of benefits that are comparable to most large academic medical centers. A summary of the benefits available to Fellows can be found in the Fellows Benefits Summary Guide at <https://hr.wustl.edu/benefits/change/hire/clinical-fellows-trainees/>. Specific questions related to any particular benefit may be addressed by the WashU Benefits Service Center (314.935.2332, [HR-BenefitsMail@wustl.edu](mailto:HR-BenefitsMail@wustl.edu)) or your Fellowship Coordinator or Director.

Background Checks and Drug Screens

This appointment is contingent upon completion of a successful background check and a negative drug screen test. The Washington University Graduate Medical Education Office and the Office of Human Resources will be in contact with you with information on completing these checks.

Licensure

This appointment is contingent upon licensure by the Missouri Board of Healing Arts. Upon return of this letter, the Credentialing Office will email you the applications and instructions for the following required licensure:

* Missouri State Medical License
* Missouri State Controlled Substance (BNDD) License

Training and Compliance

You are expected to complete the following mandatory training in order to meet regulatory requirements and promote quality patient care:

(1) HIPAA Compliance – one time (online course);

(2) Billing Compliance – annually (online course);

(3) Risk Management Training – one time (online course);

(4) WU Code of Conduct – annually (online course);

(5) Compliance Profile – one time (online questionnaire);

(6) SAFE Learning Modules – (online modules)

Acceptance

This letter when signed by you constitutes acceptance of the terms, conditions and regulations outlined in the attached Memorandum of Appointment. Please carefully read through all of the enclosed information and sign below where noted. Please scan a signed copy of this letter and return within 30 days of receipt. Should you have any questions or concerns, please contact your Fellowship Coordinator or Director.

Sincerely,

Program Director Name Department Chair

Title Title

Department of \_\_\_\_\_\_\_\_\_\_ Department of \_\_\_\_\_\_\_\_\_\_\_

cc: Fellowship Program Director

Fellowship Coordinator

Executive Director Clinical Affairs & Business Operations

I have read the Appointment Letter and the Memorandum of Appointment and accept all terms, conditions and regulations contained therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date