**Clinical Fellow Re-Appointment OfferTemplate**

Date

Name

Address

Dear Dr. Name,

I am pleased to offer you a reappointment as a 2nd, 3rd, 4th year Clinical Fellow, PGY \_\_\_ in the Department of \_\_\_\_\_\_\_\_ beginning Date . This is a \_\_\_\_ year fellowship program. Appointments to accredited or non accredited programs are made for one academic year at a time. Fellows are employed at-will and decisions regarding reappointment to successive training levels will be determined annually by the Training Program Director. For this appointment period, 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) or your Fellowship Coordinator or Director.

Licensure

This appointment is contingent upon licensure by the Missouri Board of Healing Arts. If you have a permanent Missouri State Medical License and personal Missouri State Controlled Substance (BNDD) License, you are financially responsible for maintaining these through the end of your cumulative training programs within the GME Consortium. For those using a training license, 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

Compliance

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

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

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

(3) SAFE Learning Modules – (online modules)

Review of Academic and Disciplinary Decisions

The School of Medicine may terminate this appointment at any time for unsatisfactory performance of assigned activities or unprofessional conduct. The Procedure for Review of Academic and Disciplinary Decisions Relating to Residents and Clinical Fellows will govern any appeal of such termination (<http://gme.wustl.edu>).

Acceptance

This letter when signed by you constitutes acceptance of the terms, conditions and regulations outlined in the attached [Memorandum of Appointment](https://gme.wustl.edu/policies-procedures/memoranda-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 Reappointment Letter and the Memorandum of Appointment and accept all terms, conditions and regulations contained therein.

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

Name Date