*Date*

*Name*

*Street Address*

*City, State ZIP*

Dear Dr. *Name,*

I am pleased to advise you that you have been appointed as a Clinical Fellow in the *Department/Division* at Washington University School of Medicine for the time of July 1, *Year* to June 30, *Year*. A listing of stipends by PGY can be found at <https://gme.wustl.edu/policies-procedures/stipends/>. Your annual stipend will be *$00000,* in accordance with a *PGY*(X)salary.

In accordance with the recommendation of the Accreditation Council for Graduate Medical Education that the mutual responsibilities of clinical fellows and the fellowship program be in writing, a copy of the Washington University School of Medicine Memorandum of Appointment is enclosed. This letter, when signed by you, constitutes acceptance of terms, conditions and regulations outlined in the Memorandum of Appointment at <https://gme.wustl.edu/policies-procedures/memoranda-of-appointment/>.

By signing below, you acknowledge understanding that this appointment is contingent upon licensure by the Missouri Board of Healing Arts, completion of a successful background check, a negative drug screen and if applicable, visa status being in compliance with federal law. 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. This and other policies referenced in this appointment contract can be viewed in detail on the GME website at <https://gme.wustl.edu/policies-procedures/>. Please forward any questions or comments regarding the information contained in the Memorandum of Appointment to gme@wustl.edu.

Please carefully review all links mentioned above and sign below where noted. Retain one copy for your files and return a copy by *DATE* to *Contact Person Name, information, email.*

Sincerely,

*Program Director Name*

*Title(s)*

I have read the Appointment Letter, the Memorandum of Appointment, and the GME Policies and Procedures on the GME website via the links above and accept all terms, conditions, and regulations contained therein.

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

*Clinical Fellow Name* Date