

TRAINING POSITION OFFER TO RESIDENTS

UCSF Fresno
Graduate Medical Education
155 North Fresno Street #251
Fresno, CA 93701

tel: 559-499-6520
fax: 559-499-6521

email: Fresno-GME@ucsf.edu

(Date)

(Resident or Fellow Name)
(Address)

Dear:

As per our conversation on (date), the University of California San Francisco Fresno Medical Education Program (UCSF Fresno MEP) is pleased to offer you a position as a (Resident/Fellow) at the (PGY_____) level in the graduate medical education training program in (Residency/Fellowship Program). The UCSF Fresno MEP Education agrees to provide the position to (applicant resident/fellow's name) contingent upon the receipt and verification of acceptable documents including confirmation of medical school graduation, any previous residency training, medical licensure in California or any other state, if applicable, and any additional requirements of the Medical Board of California. Additionally, non-US citizens may require verification of citizenship status in order to meet requirements.

This letter discusses various aspects of the graduate medical education training programs for residents and fellows at UCSF Fresno. Trainees in such programs (residents and fellows) are hereinafter referred to as "residents." The University reserves the right to make changes in the future to any aspect of these programs. Policies and procedures regarding training or employment issues and benefits may be obtained by reviewing our website at www.fresno.ucsf.edu. The Accreditation Council for Graduate Medical Education (ACGME) accredits the residency-training programs of UCSF Fresno. UCSF Fresno complies with all institutional and program requirements of the ACGME, as well as State and Federal rules and regulations.

I, (applicant resident/fellow's name), agree to accept the position of (Resident/Fellow) in the UCSF Fresno (Residency or Fellowship Program), for the period (date), renewed annually, provided the forthcoming UCSF Fresno Appointment Contract is agreeable. I understand that for the academic year (academic year), the first day of duty is (date). I understand that UCSF Fresno requires all Residents and Fellows to attend orientation, which is scheduled for (date).

Please sign this letter indicating your acceptance of this position and return one copy to the Program Director as soon as possible. We look forward to welcoming you as a member of our housestaff at UCSF Fresno.

With best regards,

Program Director
UCSF Fresno (Program Name)

(Resident/Fellow Name)

Date

Date

Important: Please FAX a signed copy of this letter at once to the UCSF Fresno (Residency/Fellowship Program) Office at (559) (fax number). **If a signed copy is not received by (date), this offer letter will be retracted and considered null and void.**