

**UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE  
GRADUATE MEDICAL EDUCATION**

**RESIDENCY POSITION APPOINTMENT SIGNATURE PAGE  
2010–2011**

The University of Washington School of Medicine «Program» residency program offers you an appointment as an R-«Training\_Level» in the Department of «Department» for a period of twelve (12) months beginning «Start\_Date» and ending «End\_Date». <sup>1</sup> You will receive a stipend of \$«Stipend» per year to assist you in offsetting the costs of your graduate medical education. The stipend will be paid in semi-monthly installments according to the stipend schedule shown below. When less than a month is worked, the stipend for that month will be computed at a daily rate according to the University's payroll policies and based on the stipend rate in effect at that time.

The conditions of your appointment as a participant in the graduate medical education program are described in the attached Residency Position Appointment and made a part hereof. The University of Washington School of Medicine agrees to abide by the terms of this appointment. It acknowledges its ethical and legal obligations to fulfill this appointment until the expiration date.

«Chair»	Date	Paul G. Ramsey, M.D.	Date
Department Chair		Dean, School of Medicine	

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I agree to accept a position as an R-«Training\_Level» in the Department of «Department» in the University of Washington School of Medicine «Program» residency program, effective for a period of twelve (12) months, beginning «Start\_Date», and ending «End\_Date». I further agree to abide by the rules and regulations of the hospitals and other training sites during the course of my training. I acknowledge my ethical and legal obligations to fulfill this appointment until its expiration date except in the case where I am unable to do so because of incapacitating illness or other critical circumstances. I further agree that I should not terminate this appointment prior to its expiration date without providing the School of Medicine the opportunity to discuss freely any differences, dissatisfaction or problems that may exist.

*By signing below I acknowledge that I have read, understand and agree to abide by the conditions of the attached University of Washington School of Medicine Residency Position Appointment.*

«Trainee»	Date

**UWSOM RESIDENT/FELLOW STIPEND SCHEDULE EFFECTIVE JULY 1, 2009 – JUNE 30, 2010<sup>2</sup>**

Level	R1	R2	R3	R4	R5	R6	R7	R8
<b>Monthly</b>	3,945	4,104	4,253	4,412	4,586	4,751	4,973	5,189
<b>Annually</b>	47,341	49,248	51,036	52,944	55,032	57,012	59,676	62,268

<sup>1</sup> Residents required to participate in overnight call or to perform other duties related to their residency program on their last night of service will receive stipend and all benefits (including health insurance, professional liability coverage and worker's compensation) for hours worked past the end date of this agreement.

<sup>2</sup> Stipends subject to change July 1, 2010.