

**SPOKANE TEACHING HEALTH CENTER  
Residency Appointment Contract 2022-2023**

Spokane Teaching Health Center offers you an appointment as an R-1 resident in [program] for a period beginning [start date] and ending [end date]. You will receive a stipend of \*\$[amount] for the period of the appointment to assist you in offsetting the costs of your graduate medical education. The stipend will be paid in accordance with the payroll schedule of your employer. When less than a month is worked, the stipend for that month will be computed at a daily rate according to the participating institution's payroll policies and based on the stipend rate in effect at that time.

The conditions of your appointment to, and participation in, the Residency Program are described in the Residency Appointment Agreement. Revisions and updates to the Residency Appointment Agreement must be reviewed by the Graduate Medical Education Committee (GMEC) which includes resident members. All residents will be informed of revisions or updates to the Residency Appointment Agreement. The Spokane Teaching Health Center agrees to abide by the terms of the Residency Appointment Agreement. It acknowledges its ethical and legal obligations to fulfill its obligations under the Agreement. Additional clarification of residency-specific program and certifying board requirements can be obtained from your Program Director.

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designated Institutional Official

\_\_\_\_\_  
Date

I agree to accept a position as an R-1 resident in Family Medicine Residency Spokane effective for a period beginning [start date] and ending [end date]. I understand that I will be an employee of Providence Medical Group ("Providence"), which will pay my stipend and provide benefits and professional liability insurance under an arrangement between the Spokane Teaching Health Center and Providence. I further agree to abide by the rules and regulations of the Spokane Teaching Health Center, Providence, and participating hospitals and clinics during the course of my training. I have read and agree to abide by the Residency Appointment Agreement and will keep current and abide by any revisions or updates to the Agreement. Any revisions or updates will be incorporated into this appointment and be effective as of the date of the revision or update. 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 incapacity or other circumstances beyond my control. I further agree that I will not terminate this appointment prior to its expiration date without providing the Residency Program the opportunity to discuss freely with me any differences, dissatisfaction or problems that may exist.

I agree to submit to drug testing consistent with the policies of the Spokane Teaching Health Center, Providence, and the participating hospitals and clinics. I further agree that continuation of this contract will be dependent upon the fulfillment of the stated responsibilities and evaluation of performance by residency faculty. I acknowledge that I have disclosed to the Spokane Teaching Health Center and Providence all investigations and convictions of me relating to drug-related crimes, assaults, abuse, Medicare-Medicaid Healthcare-related crimes, and medical malpractice. Failure to truthfully disclose such information may be grounds for my termination from the Residency Program. Additionally, misrepresentation to the Spokane Teaching Health Center and Providence of material information in regards to my medical training is also grounds for dismissal from the Residency Program.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

[Residents full name and credentials]

\*Stipend: This amount reflects the compensation proposed in the upcoming budget. Your updated salary will be provided following our yearly budgetary process that occurs each May.

STHC GMEC Residency Appointment, Approved RLT 12/31/2014. Selectica\_ CONTRACT #