

Instructor/Fellows

&

*Sub-Specialty
Residents*

*Information
Manual*



Department of Pediatrics

**INSTRUCTOR/FELLOWS OR SUB-SPECIALTY RESIDENT
INFORMATION FORM**

Last Name: _____ First Name: _____ Maiden: _____

Social Security #: _____ DOB: _____ *PGY Level: _____

Division: _____ Fellowship Start Date: _____

Visa: ____ Yes ____ No ____ N/A If yes, what type of Visa: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Email: _____

____ Instructor/Fellow ____ Sub-Specialty Resident ____ Trainee

❖ *If a trainee, please provide a letter of understanding and a statement of training appointment.*

Has the resident/fellow completed a Med/Peds Program? ____ Yes ____ No

If yes, where: _____

Postdoctoral Training

Name of Institution: _____

Residency Coordinator: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Are there any special funding/circumstances? If yes, please state: _____

**Higher than a PGY-4, must provide proof of previous training or approval from the ABP*

FELLOWSHIP DUTIES

	COORDINATOR	KAREN Peds HR	JENNIFER Peds Billing	RONDA Peds Admin
Verify Available Funding/Slots	✓			
Complete Fellowship Information Form (NOT THE FELLOW)	✓			
Offer and Trainee Letter/Paperwork	✓			
Hospital Credentialing		✓		
UAB/HSF Background Check		✓		
Complete and Submit GME Checklist w/Attachments	✓			
GME Contracts and Code of Conduct Form	✓			
Setup Email Accounts		✓		
Pagers/Lab Coats/Work Stations and etc.	✓			
VISA Paperwork	✓			
Assist Fellows with Blazerid/Tax Forms/Direct Deposit (UAB)	✓			
Assist Fellows with CHS ID Badge/Parking	✓			
Orientation and Mandatory Education				✓
Billing			✓	
Assist Fellow with Alabama Medical License/Controlled Substance/Federal DEA	✓			

SUB-SPECIALTY RESIDENT

- ☐ Accredited through (ACGME) Accreditation Council for Graduate Medical Education
- ☐ Graduates of medical schools in the United States and Canada accredited by the (LCME) Liaison Committee of Medical Education.
- ☐ Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - ✓ Have received a currently valid certificate from the (ECFMG) Educational Commission for Foreign Medical Graduates prior to appointment
 - or**
 - ✓ Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are training
- ☐ Sub-Specialty Resident must have completed their residency training in the United States.
- ☐ Must have an unrestricted medical license. If on a limited license, the resident have six months to obtain an unrestricted license.

INSTRUCTOR/FELLOW

- ☐ Not accredited through the ACGME
- ☐ Attended a foreign medical college, and does not have three years of US pediatric residency experience.
- ☐ Allowed to have a limited medical license

1 – APPOINTMENT CHECKLIST

UAB Pediatric Subspecialty Resident/Instructor Fellow Appointment Checklist

Recruitment of New Fellows

- ☐ **PRIOR** TO beginning fellow recruitment for an upcoming academic year, you **MUST** e-mail David Ingram to receive written confirmation that you have available fellowship training slot(s) for the upcoming academic year
- ☐ If recruitment of fellow applicants includes advertising, the advertisement **MUST** include the following language: ***“A pre-employment background investigation is performed on candidates selected for employment.”***
- ☐ If you plan on interviewing a foreign medical graduate, contact Karen Brooks (638-5461) **PRIOR TO** the interview
- ☐ **PRIOR TO** entering your rank list for the match (or, if not in a match, prior offering a position), contact Karen Brooks (638-5461) to confirm the level of training (e.g., PGY-4, PGY-5, etc.) that the applicant qualifies for
- ☐ Offer Letters
 - Must have Dr. Stagno’s signature
 - GME Resident Physician (includes subspecialty resident / fellow) Salaries:
<http://medicine.uab.edu/education/post-doc/73408/>

Appointment Process following signing of the Letter of Offer:

Instructor/Fellows or Sub-Specialty Resident Information Form, GME Application, and CV – **return to Karen Brooks by the third Friday of January. She then will process all of the following tasks listed in blue font:**

- Mail appointment paperwork to the fellows by the 1st week in February.
 - Sub-Specialty Resident Appointment Packet includes:
 - CHS Application for Privileges
 - Malpractice Application
 - HSF Physician Practice Form
 - HSF Physician Contract
 - UAB Standard CV Format Form
 - Demographic Form
 - Technology Agreement
 - Electronic Devices Form
 - Instructor Fellows Appointment Packet includes:
 - CHS and UAB Application for Privileges
 - Malpractice Application
 - HSF Physician Practice Form
 - HSF Physician Contract

- UAB Faculty Practice Form
- UAB Faculty Data Form
- UAB Standard CV Format Form
- Demographic Form
- Technology Agreement
- Electronic Devices Form
- Initiate the HSF background check
- Forward demographic information to Jennifer Berger in Pediatric Billing
- ☐ \Make appointment for new fellow to meet with Karen Brooks to complete I-9 form and E-Verify process PRIOR TO date of hire.
- ☐ GME Office Forms (**send all originals to the GME Office and copies to Karen Brooks**)
 - GME Checklist with all required documentation
 - Initial Resident Agreements
 - Code of Conducts
- ☐ VISA (if applicable)
 - Contact Karen Brooks (638-5461) to verify VISA funding
 - Contact Lisa Townsend, International Scholar and Student Services, at 934-4383
- ☐ Fellow Pictorial Information – **send to Ronda Chandler by April 15**
 - Photo in color (can accept hard copy or a .jpg or .gif file)
 - Name as they want it on the Pictorial
 - Where they did their residency
 - Are they here as a 1st, 2nd or 3rd year fellow (not PGY Level)
 - Pager # and whether it is UAB or Children's
 - Need to be notified if there is a name change or pending name change ASAP!

CONTINUING FELLOWS

- ☐ GME Office Forms in order for fellow to be reappointed (**send all originals to the GME Office and copies to Karen Brooks**)
 - Resident Renewal Agreements
 - Code of Conduct
- ☐ Verify that all fellows have completed DCGME-required mandatory education listed on Healthstream/UAB Faculty and Staff Learning System

LEAVING FELLOWS

- ☐ HR Requirements (**send to Karen Brooks**)
 - Forwarding Home and Work Address
 - Children's Hospital Change of Status form
 - Malpractice Change Form
- ☐ Verify that all fellows have completed DCGME-required mandatory education listed on Healthstream/UAB Faculty and Staff Learning System

- ☐ Certificate Completion (**send to Ronda Chandler**)
 - Name(s) of graduating fellow(s)?
 - Dates of training
 - How do they want their names listed on their certificate?

IMPORTANT INFORMATION AND LINKS

- ☐ Parking and Security ID's must be set up/made before the fellows begin their training. They should go to Children's of Alabama Parking and Security office located in the 5th Avenue Parking Deck (Ground floor)
- ☐ Fellows must go to Children's of Alabama Medical Staff Office to verify identification **PRIOR** to start date
- ☐ UAB GME <http://medicine.uab.edu/education/post-doc/48428/>
- ☐ ABP www.abp.org
- ☐ Alabama State Board of Medical Examiners www.albme.org/
- ☐ Federal DEA www.deadiversion.usdoj.gov
- ☐ Blazer ID <https://idm.blazernet.uab.edu/bid/reg>
- ☐ UAB Direct Deposit instructions <http://financialaffairs.uab.edu/content.asp?id=419405>
- ☐ HealthStream <https://www.healthstream.com/HLC/uabhs>
- ☐ EValue - www.e-value.net
- ☐ UAB Pediatrics – <http://medicine.uab.edu/Peds/>

2 – RECRUITMENT SCHEDULE

Fellow Recruitment Schedule Agreement - 2005

<u>Program</u>	<u>Length of Training</u>	<u>Schedule</u>	<u>FTEs</u>
Adolescent Medicine	3 years	1 new fellow every 3 years	1.0
Allergy	2 years	1 new fellow every 2 years	1.0
Critical Care	3 years	1 new fellow every year	3.0
Emergency Medicine	3 years	3 new fellows every year-CoA	9.0
Endocrinology	3 years	1 new fellow every 2 years	1.5 (1 or 2)
Gastroenterology	3 years	1 new fellow every 2 years	1.5 (1 or 2)
General Pediatrics	3 years	1 new fellow every 3 years	1.0
Hematology/Oncology	3 years	1 new fellow every year	3.0
Infectious Disease	3 years	1 new fellow every year	3.0
Neonatology	3 years	2 new fellows every year-UH	6.0
Nephrology	3 years	1 new fellow every 3 years	1.0
Neurology	3 years	1 new fellow every year	3.0
Pulmonary	3 years	1 new fellow every 2 years	1.5 (1 or 2)
Rehab Medicine	2 years	1 new fellow every 2 years	1.0
Rheumatology	3 years	1 new fellow every 3 years	1.0
Sleep Medicine	1 year	1 new fellow every year	1.0
			38.5 (37 to 40)

3 – OFFER LETTERS

SUB-SPECIALTY RESIDENT OFFER LETTER DUAL PAID RESIDENTS

Date _____

Name _____

Address _____

City, State Zip Code _____

Dear _____ :

Thank you for your interest in the Pediatric (insert specialty) Sub-specialty Resident program at the University of Alabama at Birmingham. Based on your application and interview(s), the members of the Division of _____ were impressed with your credentials and your commitment to a career in Pediatrics (insert specialty).

At this time, we would like to offer you the position of Sub-specialty Resident, <PGY Level> in the Department of Pediatrics, Division of _____ at the University of Alabama at Birmingham effective (insert date). Annual reappointment is contingent to satisfactory performance. A valid license to practice medicine in the State of Alabama is required, as well as a current Alabama Controlled Substance license and a Federal DEA. The current salary is (\$_____) per year. You will be paid by the University for your teaching and education activities with the remaining portion of your salary being paid by the Health Services Foundation for your patient care activities. ***Note: Salary is subject to change due to possible increase.***

Please indicate your acceptance of this position by signing below where indicated and returning this original letter to me. A copy of this letter is enclosed for your records.

Again, all members of the Division are excited about the possibility of your joining us in (insert date). If you have any questions or would like further information, please do not hesitate to contact me.

Sincerely,

Fellowship Director
Title

Division Director
Title

Sergio Stagno, M.D.
Katharine Reynolds Ireland
Professor and Chairman

Accepted: _____
_____, MD

Date: _____

Date: _____

INSTRUCTOR FELLOW OFFER LETTER

DATE

NAME

ADDRESS

CITY, STATE ZIP

Dear Dr.:

We are extremely pleased to offer you an appointment in the School of Medicine, University of Alabama at Birmingham, as an Instructor Fellow in the Department of Pediatrics, Division of _____ effective _____ through June _____. This position will be on a non-tenure earning track on an academic 12 month appointment status. This is a full-time temporary faculty appointment and is subject to the rules set forth in the Faculty Handbook (www.uab.edu/images/provost/APUP/Handbook.pdf). For benefits available to full-time temporary employees (category 02) please refer to the Benefits Eligibility Table of the *You and UAB Handbook* (<http://www.hrm.uab.edu/main/benefits/index.html>).

Your gross annual salary of _____ will be provided by the Department of Pediatrics; \$_____ salary will be paid from UAB sources, \$_____ HSF.

Clinical responsibilities: Please list the responsibilities

In accordance with the policies of the School of Medicine and as a member of the clinical faculty, you may only conduct patient care activities as an employee of the Health Services Foundation and at sites approved by the Chairman, and the Health Services Foundation. All billing and collection activities are done through the Department and the Health Services Foundation.

This appointment is contingent upon your maintaining a valid State of Alabama medical license. In addition, it is contingent upon your becoming a member of both the UAB Health System and Children's Health System Medical Staff and the receipt of appropriate privileges for medical practice in UAB Health System and Children's Health System facilities through the credentialing process. UAB Health System requires Board certification within five years of completing a residency or fellowship, and recertification or maintenance of certification is required if established as a requirement by the specialty board. The Board certification shall be in the primary area of practice, as determined by the Department Chair. Should you accept our offer, it is your responsibility to seek privileges in an expeditious manner since your appointment will not be final without them.

The School of Medicine requires any faculty involved in the practice of medicine or any other clinical practice to complete and return to the Dean of the School of Medicine a notarized Faculty Practice Form prior to the effective date of appointment in the School of Medicine. Also, the Southern Association of Colleges and Schools requires an official transcript of your terminal degree be on file in the SOM Sr. VP and Dean's Office prior to completion of your

Please note that the University of Alabama at Birmingham conducts a review of the Office of the Inspector General (OIG) and the General Services Administration (GSA) exclusions lists to establish eligibility for each faculty member (or Postdoctoral fellow/trainee) to receive federal funding. These databases are maintained by the federal Government to identify individuals who are excluded from participating in payments by Federal programs or contracts.

All faculty appointments must receive the final approval from the Dean(s), Provost, and the President. We anticipate no difficulty with these steps. As is customary, this letter of offer is active for a 45-day period. If this offer is acceptable to you, please sign below.

Sincerely,

Sergio Stagno, M.D.
Katharine Reynolds Ireland
Professor and Chairman

Date: _____

EXAMPLE

4 – RESIDENT TRAINEES

TRAINEES

It is essential residents understand the effect of change in status on their benefits, and the status **before** accepting the appointment to a training grant. Residents must be provided with a “Letter of Understanding” that outlines the effect of the appointment on benefits and tax status. A copy of the “**Letter of Understanding**” signed by the resident and the program coordinator, and the federal “**Statement of Appointment**” must be forwarded to Karen Brooks.

Letter of Understanding

RESIDENT MUST SIGN BEFORE BEING APPOINTED TO TRAINING GRANT.
A COPY OF THE COMPLETED LETTER MUST BE ATTACHED TO TRAINEE AWARD FORM.

Re: Appointment to Training Grant and Change in Employee Status
Effective Date: July 1, 2012

Dear Dr.:

You have been offered an appointment in the Department of Pediatrics Division of _____ that will be funded by a training grant. This appointment will require that your employment status be changed from Status 07, Job Group M (resident/intern) to status 07, Job Group N (resident trainee). This change in employment status will affect your benefits and tax status as outlined below.

- **UAB Employee Benefits:** Due to IRS restrictions placed on training stipends, company-paid fringe benefits are not allowed for status code 07, Job Group N, resident trainees. Therefore, you will be **ineligible** for UAB benefits and will lose benefits to which you currently subscribe on the effective date of your change in status
- **Health Insurance Coverage:** As a resident trainee, you are **eligible** for health insurance through Viva Health with the full premium for single or family coverage paid by UAB. However, the premium paid by UAB is reported as taxable income and you will be responsible for taxes on this amount. This plan differs from the Viva UAB plan for employees, and enrollment is not automatic. You **must** take a copy of this letter or a completed "Certification of Resident Status" form to the Benefits Office (Administration Building, Room 270) to enroll for coverage **within 31 days of the effective date of your appointment.**
- **Dental Coverage:** You are **eligible** for the same coverage offered to all employees under the UAB dental plan and will be responsible for the full premium for either single or family coverage. You **must** go by the Benefits Office (Administration Building, room 270) to enroll for coverage **within 31 days of the effective date of your appointment.**

- **Taxes:** In accordance with regulations, federal and state income taxes will not be withheld from your stipend if you are a citizen of the United States. You may be required to file federal quarterly estimated income tax returns and pay quarterly taxes to comply with individual income tax regulations. It is important that you consult an Income Tax professional or the IRS for advice on this matter.

Sincerely,

, MD
Program Director

Date

Your signature below indicates you have been informed of, and understand, the effect this change in employee status will have on your benefits and tax status.

, MD
Resident Trainee

Date

**U.S. Department of Health and Human Services
Public Health Service**

**Information and Instructions for Completing
Statement of Appointment (Form PHS 2271)**

The Public Health Service (PHS) estimates that it will take 15 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding the amount of time it takes to complete this form or any other aspects of this collection of information, including suggestions for reducing this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20592-7974, ATTN: PRA (0925-0001). **Do not return the completed form to this address.**

I. INTRODUCTION

This form is to be used to appoint individuals as trainees to institutional Ruth L. Kirschstein-National Service Research Award (Kirschstein-NRSA) programs (e.g., T32, T34, T35) and applicable non-NRSA institutional research training programs (e.g., T15). It can also be used to document the appointment of scholars to institutional career development awards (e.g., K12) and individual participants to research education awards (e.g., R25).

Please read carefully the following instructions, including the Privacy Act Statement at the end of this document. All items on the form must be completed unless otherwise indicated in these instructions.

II. GENERAL INSTRUCTIONS

A. Definitions:

Types of Awards

Kirschstein-NRSA. Awards that provide undergraduate, predoctoral, and postdoctoral research training support under the authority of Section 487 of the PHS Act (42 USC 288). All Kirschstein-NRSA trainees must meet specific citizenship requirements – for details, see Item 8.

Non-NRSA Research Training. Awards that provide predoctoral and postdoctoral research training support through non-NRSA funding authorities. These training programs generally do not have the same provisions and requirements as Kirschstein-NRSA awards (e.g., specific citizenship requirements).

Career Development. Awards that provide doctoral-level investigators an opportunity to enhance their research careers. Individuals appointed to institutional career development awards must meet specific citizenship requirements—for details, see Item 8.

Research Education. Awards that provide support for programs intended to attract investigators to a specific field of study. Individuals appointed to research education award

programs may or may not be subject to specific citizenship requirements—for details, see Item 8.

Types of Appointments

Trainee. A person appointed to and supported by an institutional Kirschstein-NRSA or non-NRSA research training award.

Scholar. A person appointed to and supported by an institutional career development award.

Participant. A person appointed to and supported by a research education award.

B. Application

A “Statement of Appointment” form covers the support of an individual for a particular budget period and is required for each new appointment, reappointment, or amended appointment of an individual receiving stipend, tuition costs, or travel expenses as a trainee under a Kirschstein-NRSA or other applicable PHS institutional training grant. This form may also be used to document the salary and other support provided to an individual as a scholar or participant under a career development or research education program award in which the institution selects and appoints the individual. The form (which is signed by both the individual and the Program Director) must be completed and submitted to PHS at the time the individual starts the appointment or reappointment, or, in the case of an amendment, as soon as the change occurs. If there are multiple Program Directors on the award, the contact PD should sign.

For **new** postdoctoral trainees appointed to Kirschstein-NRSA institutional grants, a signed and dated [payback agreement](#) must be submitted with this appointment form before a stipend or other allowance may be paid.

C. Submission

The original should be sent to the awarding component. A copy should also be given to the trainee, scholar, or participant, the Program Director, and Business Official.

III. ITEM-BY-ITEM INSTRUCTIONS

Item 1. PHS Grant Number. Insert the entire PHS Grant Number as shown on the particular Notice of Grant Award from which funds are provided, e.g., 5 T32 GM12453-03 would be listed as Type: 5; Activity Code: T32; ID Serial Number: GM12453-03.

Item 2. Trainee/Scholar/Participant Name. Include maiden name or other names in parentheses where applicable.

Item 3. Sex. Self-explanatory.

Item 4. Type of Action.

New Appointment: When an individual has not been previously supported by this training grant.

Reappointment: When an individual was supported by this grant during a previous budget period, the appointment covered by this form is designated a reappointment. Skip the shaded items if the information provided will be the same as that reported during the prior budget period. Always complete the non-shaded items.

Amendment: “Amendment” pertains only to a change of item 2 (Name); 9 (Permanent Mailing Address); 15 (Appointment Period); or 20 (Support from this Grant) during a period of appointment for which a “Statement of Appointment” form has already been submitted. Amendments must be submitted as soon as the change occurs. Complete only items 1, 2, 4, 6, 22, 23, and the item(s) to be amended.

Item 5. Prior NRSA Support. Individuals being appointed to a Kirschstein-NRSA institutional grant for the first time or being reappointed after a break in support must indicate if they have received prior Kirschstein-NRSA support from either an individual award or institutional grant. If yes, specify on the form the dates of support, the level (pre- or post-), the mechanism (individual award or institutional grant), and the grant number, if known. (See the Program Guidelines for limitations on total period of support.)

Item 6. Social Security Number. Trainees/scholars/participants are asked to voluntarily provide the last four digits of their Social Security Numbers. This information provides the agency with vital information necessary for accurate identification and review of appointments and for management of PHS grant programs. See the Privacy Act Statement at the end of these instructions for further information concerning this request.

Item 7. Birthdate. Self-explanatory.

Item 8. Citizenship. Check the box corresponding to the trainee's, scholar's, or participant's citizenship and visa status. If not a U.S. citizen, list the country of citizenship.

A **noncitizen national** is an individual who, although not a citizen of the United States, owes permanent allegiance to the United States. Individuals in this category are generally born in lands which are not States, but which are under U.S. sovereignty, jurisdiction, or administration (e.g., American Samoa).

Kirschstein-NRSA trainees and institutional career development scholars must be U.S. citizens, non-citizen nationals, or permanent residents of the United States. Individuals on temporary or student visas are not eligible. Trainees or scholars in these programs who are permanent residents of the U.S. must submit a notary's signed statement with this appointment form certifying that they have (1) a Permanent Resident Card (USCIS Form I-551), or (2) other legal verification of such status.

Trainees in non-NRSA research training programs and participants in research education award programs should consult the applicable Funding Opportunity Announcement (FOA) for citizenship requirements.

Item 9. Permanent Mailing Address. Give an address where the appointed individual can be reached by mail **after** completion of the program. (Do not give present address unless it is considered permanent as defined above.)

Items 10-13. Race/Ethnicity/Disability/Disadvantaged Background. Responses to these items will help provide statistical information on the participation of individuals from diverse groups in Public Health Service (PHS) programs and identify inequities in terms of recruitment and retention based on race, ethnicity, disability and/or disadvantaged background.

Trainees, scholars, and participants are strongly encouraged to provide this information, however declining to do so will in no way affect their appointments.

This information will be retained by the PHS in accordance with and protected by the Privacy Act of 1974. Racial/ethnic/disability/background data are confidential and all analyses utilizing the data will report aggregate statistical findings only and will not identify individuals. (See the Privacy Act Statement at the end of these instructions for more information.)

10. Are you Hispanic (or Latino)?

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino".

11. What is your racial background?

Check one or more.

American Indian or Alaska Native. A person having origins in any of the original peoples of North, Central, or South America and maintains tribal affiliation or community.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

12. Do you have a disability?

Disability: A physical or mental impairment that substantially limits one or more major life activities.

13. Are you from a disadvantaged background?

Disadvantaged Background: An individual is considered to be from a disadvantaged background if he or she:

1. Comes from a family with an annual income below established low-income thresholds, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty/index.shtml>. Individuals falling in this category must have qualified for Federal disadvantaged assistance or have received Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program, or scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.
2. Comes from a social, cultural, or educational environment, such as that found in certain rural or inner-city environments, that has demonstrably and recently directly inhibited the acquisition of the knowledge, skills, and abilities necessary to develop and participate in a research career. This category is most applicable to high school and perhaps undergraduate students, but more difficult to justify for individuals beyond that level of achievement.

Item 14. Field of Training (FOT). Provide a single numeric FOT code from the list below that best fits the research training that will be provided during the appointment. Use the subcode (nonbold lowercase) unless the broader category (bold uppercase) fits best.

1000 I. Predominantly Non-Clinical or Lab-Based Research Training

1100 BIOCHEMISTRY

- 1110 Biological Chemistry
- 1120 Bioenergetics
- 1130 Enzymology
- 1140 Metabolism

1200 BIOENGINEERING

- 1210 Bioelectric/Biomagnetic
- 1220 Biomaterials
- 1230 Biomechanical Engineering
- 1240 Imaging
- 1250 Instrumentation and Devices
- 1260 Mathematical Modeling
- 1270 Medical Implant Science
- 1280 Nanotechnology
- 1290 Rehabilitation Engineering
- 1310 Tissue Engineering

1400 BIOPHYSICS

- 1410 Kinetics
- 1420 Spectroscopy
- 1430 Structural Biology
- 1440 Theoretical Biophysics

1500 BIOTECHNOLOGY

- 1510 Applied Molecular Biology
- 1520 Bioprocessing and Fermentation
- 1530 Metabolic Engineering

1600 CELL AND DEVELOPMENTAL BIOLOGY

- 1610 Cell Biology
- 1620 Developmental Biology

1700 CHEMISTRY

- 1710 Analytical Chemistry
- 1720 Bioinorganic Chemistry
- 1730 Bioorganic Chemistry
- 1740 Biophysical Chemistry
- 1750 Medicinal Chemistry
- 1760 Physical Chemistry
- 1770 Synthetic Chemistry

1900 ENVIRONMENTAL SCIENCES

2000 GENETICS

- 2010 Behavioral Genetics
- 2020 Developmental Genetics
- 2030 Genetic Epidemiology
- 2040 Genetics of Aging
- 2050 Genomics
- 2060 Human Genetics
- 2070 Molecular Genetics
- 2080 Population Genetics

2200 IMMUNOLOGY

- 2210 Asthma and Allergic Mechanisms
- 2220 Autoimmunity
- 2230 Immunodeficiency
- 2240 Immunogenetics
- 2250 Immunopathology
- 2260 Immunoregulation
- 2270 Inflammation
- 2280 Structural Immunology
- 2290 Transplantation Biology
- 2310 Vaccine Development

2400 MICROBIOLOGY AND INFECTIOUS DISEASES

- 2410 Bacteriology
- 2420 Etiology
- 2430 HIV/AIDS
- 2440 Mycology
- 2450 Parasitology
- 2460 Pathogenesis of Infectious Diseases
- 2470 Virology

2600 MOLECULAR BIOLOGY

2800 NEUROSCIENCE

- 2810 Behavioral Neuroscience
- 2820 Cellular neuroscience
- 2830 Cognitive neuroscience
- 2840 Communication Neuroscience
- 2850 Computational Neuroscience
- 2860 Developmental Neuroscience
- 2870 Molecular Neuroscience
- 2880 Neurochemistry
- 2890 Neurodegeneration
- 2910 Neuropharmacology
- 2920 Systems/Integrative Neuroscience

3100 NUTRITIONAL SCIENCES

3200 PHARMACOLOGY

- 3210 Molecular Pharmacology
- 3220 Pharmacodynamics
- 3230 Pharmacogenetics
- 3240 Toxicology

3300 PHYSIOLOGY

- 3310 Aging
- 3320 Anesthesiology (basic science)
- 3330 Endocrinology (basic science)
- 3340 Exercise Physiology (basic science)
- 3350 Integrative Biology
- 3360 Molecular Medicine
- 3370 Physiological Optics
- 3380 Reproductive Physiology

3500 PLANT BIOLOGY

3600 PSYCHOLOGY, NON-CLINICAL

- 3610 Behavioral Communication Sciences
- 3620 Behavioral Medicine (non-clinical)
- 3630 Cognitive Psychology
- 3640 Developmental and Child Psychology
- 3650 Experimental & General Psychology
- 3660 Mind-Body Studies
- 3680 Neuropsychology
- 3690 Personality and Emotion
- 3710 Physiological Psychology & Psychobiology
- 3720 Psychology of Aging
- 3730 Psychometrics
- 3740 Psychophysics
- 3750 Social Psychology

3900 PUBLIC HEALTH

- 3910 Disease Prevention and Control
- 3920 Epidemiology
- 3930 Health Economics

- 3940 Health Education
- 3950 Health Policy Research
- 3960 Health Services Research
- 3970 Occupational and Environmental Health

4100 RADIATION, NON-CLINICAL

- 4110 Nuclear Chemistry
- 4120 Radiation Physics
- 4130 Radiobiology

4200 SOCIAL SCIENCES

- 4210 Anthropology
- 4220 Bioethics
- 4230 Demography & Population Studies
- 4240 Economics
- 4250 Education
- 4260 Language and Linguistics
- 4270 Sociology

4400 STATISTICS AND/OR RESEARCH METHODS AND/OR INFORMATICS

- 4410 Biostatistics and/or Biometry
- 4420 Bioinformatics
- 4430 Computational Science
- 4440 Information Science
- 4450 Clinical Trials Methodology

4600 TRAUMA, NON CLINICAL

5000 OTHER, Predominantly Non-Clinical or Lab-Based Research Training

6000 II. Predominantly Clinical Research Training (can include any degree)

6100 ALLIED HEALTH

- 6110 Audiology
- 6120 Community Psychology
- 6130 Exercise Physiology (clinical)
- 6140 Medical Genetics
- 6150 Occupational Health
- 6160 Palliative Care
- 6170 Physical Therapy
- 6180 Pharmacy
- 6190 Social Work
- 6210 Speech-language Pathology
- 6211 Rehabilitation

6400 DENTISTRY

6500 CLINICAL DISCIPLINES

- 6510 Allergy
- 6520 Anesthesiology
- 6530 Behavioral Medicine (clinical)
- 6540 Cardiovascular Diseases
- 6550 Clinical Laboratory Medicine
- 6560 Clinical Nutrition
- 6570 Clinical Pharmacology
- 6580 Complementary and Alternative Medicine
- 6590 Clinical Psychology
- 6610 Connective Tissue Diseases
- 6620 Dermatology
- 6630 Diabetes
- 6640 Gastroenterology
- 6650 Endocrinology
- 6660 Immunology

6670 Gene Therapy (clinical)	6910 Oncology	7300 PEDIATRIC DISCIPLINES
6680 Geriatrics	6920 Orthopedics	7310 Pediatric Endocrinology
6690 Hematology	6930 Otorhinolaryngology	7320 Pediatric Hematology
6710 HIV/AIDS	6940 Preventive Medicine	7330 Pediatric Oncology
6820 Infectious Diseases	6950 Radiation, Interventional	7340 Pediatric, Prematurity & Newborn
6830 Liver Diseases	6960 Pulmonary Diseases	7500 NURSING
6840 Metabolic Diseases	6970 Radiology, Diagnostic	7700 VETERINARY MEDICINE
6850 Nephrology	6980 Rehabilitation Medicine	8000 OTHER, Predominantly Clinical
6860 Neurology	6990 Psychiatry	Research Training
6870 Ophthalmology	7110 Surgery	
6880 Nuclear Medicine	7120 Trauma	
6890 OB-GYN	7130 Urology	

Item 15. Period of this Appointment. The period shown in most cases will be 12 months. Appointment periods may exceed 12 months in rare cases and only with prior approval from the PHS. The amount of the stipend/salary and tuition for each full period of appointment must be obligated from funds available at the time the appointment begins, unless other arrangements have been made with PHS.

Other instructions should be requested where institutional accounting practice precludes obligations of stipend/salary and tuition in the amount required for the full appointment period.

Item 16. Education. List undergraduate, master's, and doctoral degrees and the month and year earned.

Item 17. Specialty Boards. If applicable, select a specialty from the attached list. If not applicable, indicate N/A.

Items 18-19. Degrees Sought. Provide the degree sought under the award. Indicate whether the appointee is in a dual degree program (e.g., M.D./Ph.D.).

Include the date that all degree requirements are expected to be completed.

Item 20. Support for Period of Appointment. Indicate the total amount the appointee expects to receive from the grant during the appointment period. For trainees, provide stipend amount, tuition/fees, and travel. For career development scholars and research education award participants, report only the salary or subsistence allowance to be received from the grant, on the line for stipend/salary/other compensation.

Item 21. Statement of Nondelinquency on U.S. Federal Debt. A "Statement of Nondelinquency on Federal Debt" is required for each particular appointment period and is to be completed by each individual (trainee) appointed to receive financial support under a PHS institutional training grant.

If the prospective trainee is delinquent on Federal debt, the PHS must review the explanation required to be provided on, or attached to, the form. In such case the PHS shall (a) take such information into account when determining whether the prospective trainee is responsible with respect to that appointment, and (b) consider not approving the appointment until payment is made or satisfactory arrangements are made with the agency to whom the debt is owed.

Therefore, it may be necessary for the PHS to contact the prospective trainee before the appointment can be approved to confirm the status of the debt and ascertain the payment arrangements for its liquidation. Individuals failing to liquidate indebtedness to the Federal Government in a businesslike manner place themselves at risk of not receiving PHS financial assistance.

The PHS awarding component shall notify the sponsoring institution in writing of its decision regarding the approval of a prospective appointee where this form discloses delinquency on Federal debt.

The trainee must check the appropriate box. If the “Yes” box is checked, please provide an explanation in the space provided. The question applies only to the person requesting financial assistance, and does not apply to the person who signs the form as the Program Director.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, business loans, and other miscellaneous administrative debts. For purposes of this certification, the following definitions of “delinquency” apply:

- For direct loans and fellowships (whether awarded directly to the applicant by the Federal Government or by an institution using Federal funds), a debt more than 31 days past due on a scheduled financial payment. (This definition excludes service payback under a National Research Service Award.)
- For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.
- For grants, organizations in receipt of a “Notice of Grants Cost Disallowance” which have not repaid the disallowed amount or which have not resolved the disallowance. (This definition excludes disallowance in an “appeal” status.)

Item 22. Certification and Signature of Appointee. Self-explanatory.

Item 23. Certification, Signature, and Address of Program Director. Self-explanatory.

17. NAME OF SPECIALTY BOARDS *(if applicable)*

18. DEGREE(S) SOUGHT ☐ YES ☐ NO

If yes, indicate type
of degree

Are you in a dual degree program (e.g., M.D./Ph.D.)? ☐ YES ☐ NO

19. EXPECTED COMPLETION DATE OF DEGREE REQUIREMENTS *(if applicable)*

20. SUPPORT FOR PERIOD OF APPOINTMENT

TYPE	Total for this Grant <i>(Omit cents)</i>
Stipend / Salary / Other Compensation	\$
Tuition/fees <i>(estimated)</i>	\$
Travel <i>(estimated)</i>	\$
TOTAL	\$

21. STATEMENT OF NONDELINQUENCY ON U.S. FEDERAL DEBT. Is the appointee delinquent on the repayment of any U.S. Federal debt(s)?

☐ NO ☐ YES *(If "Yes," please explain below.)*

22. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	(a) SIGNATURE OF APPOINTEE	(b) DATE
23. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual.	(a) SIGNATURE OF PROGRAM DIRECTOR	(b) DATE

(c) TYPED NAME OF PROGRAM DIRECTOR

(d) INSTITUTION'S NAME, ADDRESS, AND PHONE NO.
(Street, city, state, zip code)

Privacy Act Statement

The PHS maintains application and grant records as part of a system of records as defined by the Privacy Act: 09-25-0112, Grants and Cooperative Agreements: Research, Research Training, Fellowship, and Construction Applications and Related Awards. The Privacy Act of 1974 (5 USC 522a) allows disclosures for "routine uses" and permissible disclosures.

Some routine uses may be:

1. To the cognizant audit agency for auditing.
2. To a Congressional office from a record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
3. To qualified experts, not within the definition of DHHS employees as prescribed in DHHS regulations (45 CFR 5b.2) for opinions as part of the application review process.
4. To a Federal agency, in response to its request, in connection with the letting of a contract or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter;
5. To organizations in the private sector with whom PHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor, who will be required to maintain Privacy Act safeguards with respect to such records.
6. To the sponsoring organization in connection with the review of an application or performance or administration under the terms and conditions of the award, or in connection with problems that might arise in performance or administration if an award is made.
7. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when one of the following is a party to litigation or has any interest in such litigation, and the DHHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party.
 - a. the DHHS, or any component thereof;
 - b. any DHHS employee in his or her official capacity;
 - c. any DHHS employee in his or her individual capacity where the Department of Justice (or the DHHS, where it is authorized to do so) has agreed to represent the employee; or
 - d. the United States or any agency thereof; where the DHHS determines that the litigation is likely to affect the DHHS or any of its components.
8. A record may also be disclosed for a research purpose, when the DHHS:
 - a. has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
 - b. has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring;
 - c. has secured a written statement attesting to the recipient's understanding of; and willingness to abide by, these provisions; and
 - d. has required the recipient to:
 - (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;
 - (2) destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information; and
 - (3) make no further use or disclosure of the record, except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the DHHS, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law.

The Privacy Act also authorizes discretionary disclosures where determined appropriate by the PHS, including to law enforcement agencies, to the Congress acting within its legislative authority, to the Bureau of the Census, to the National Archives, to the General Accounting Office, pursuant to a court order, or as required to be disclosed by the Freedom of Information Act of 1974(5 USC 552) and the associated DHHS regulations (45 CFR Part 5).

Specialty Boards

If applicable, select a single specialty or subspecialty to complete item 17. If more than one applies, select the one most closely related to the field of career development or research training for this appointment.

Allergy and Immunology

Allergy and Immunology

Anesthesiology

Anesthesiology (General)
Critical Care Medicine
Hospice and Palliative Medicine
Pain Medicine

Colon and Rectal Surgery

Colon and Rectal Surgery

Dermatology

Dermatology (General)
Clinical and Laboratory Dermatological
Dermatopathology
Immunology
Pediatric Dermatology

Dental

Dental Public Health
Endodontics
Oral and Maxillofacial Pathology
Oral and Maxillofacial Radiology
Oral and Maxillofacial Surgery
Orthodontics and Dentofacial
Orthopedics
Pediatric Dentistry
Periodontics
Prosthodontics

Emergency Medicine

Emergency Medicine (General)
Hospice and Palliative Medicine
Medical Toxicology
Pediatric Emergency Medicine
Sports Medicine
Undersea and Hyperbaric Medicine

Family Medicine

Family Medicine (General)
Adolescent Medicine
Geriatric Medicine
Hospice and Palliative Medicine
Sleep Medicine
Sports Medicine

Internal Medicine

Internal Medicine (General)
Adolescent Medicine
Cardiovascular Disease
Clinical Cardiac Electrophysiology
Critical Care Medicine
Endocrinology, Diabetes and
Metabolism
Gastroenterology
Geriatric Medicine
Hematology
Hospice and Palliative Medicine
Infectious Disease
Interventional Cardiology
Medical Oncology
Nephrology
Pulmonary Disease
Rheumatology

Sleep Medicine
Sports Medicine
Transplant Hepatology

Medical Genetics

Clinical Biochemical Genetics
Clinical Cytogenetics
Clinical Genetics (M.D.)
Clinical Molecular Genetics
Molecular Genetic Pathology
Ph.D. Medical Genetics

Neurological Surgery

Neurological Surgery

Nuclear Medicine

Nuclear Medicine

Nursing

Acute Care Nurse Practitioner
Adult Nurse Practitioner
Adult Psychiatric and Mental Health
Nurse Practitioner
Advanced Clinical Diabetes
Management, Clinical Nurse
Specialist
Advanced Clinical Diabetes
Management, Nurse Practitioner
Gerontological Nurse Practitioner
Clinical Nurse Specialist in Adult Health
(formerly Medical-Surgical) Nursing
Clinical Nurse Specialist in Adult
Psychiatric and Mental Health
Nursing
Clinical Nurse Specialist in Child and
Adolescent Psychiatric and Mental
Health Nursing
Clinical Nurse Specialist in Home
Health Nursing
Clinical Nurse Specialist in Pediatric
Nursing
Clinical Nurse Specialist in
Public/Community Health Nursing
Clinical Nurse Specialist in
Gerontological Nursing
Family Nurse Practitioner
Family Psychiatric and Mental Health
Nurse Practitioner
Pediatric Nurse Practitioner
School Nurse Practitioner

Obstetrics and Gynecology

Obstetrics and Gynecology (General)
Critical Care Medicine
Gynecologic Oncology
Hospice and Palliative Medicine
Maternal and Fetal Medicine
Reproductive Endocrinology/Infertility

Ophthalmology

Ophthalmology

Orthopaedic Surgery

Orthopaedic Surgery (General)
Orthopaedic Sports Medicine

Surgery of the Hand

Otolaryngology

Otolaryngology (General)
Neurotology
Pediatric Otolaryngology
Plastic Surgery Within the Head and
Neck
Sleep Medicine

Pathology

Anatomic Pathology and Clinical
Pathology (General)
Pathology-Anatomic (General)
Pathology-Clinical (General)
Blood Banking/Transfusion Medicine
Chemical Pathology
Cytopathology
Dermatopathology
Forensic Pathology
Hematology
Medical Microbiology
Molecular Genetic Pathology
Neuropathology
Pediatric Pathology

Pediatrics

Pediatrics (General)
Adolescent Medicine
Child Abuse Pediatrics
Developmental-Behavioral Pediatrics
Hospice and Palliative Medicine
Medical Toxicology
Neonatal-Perinatal Medicine
Neurodevelopmental Disabilities
Pediatric Cardiology
Pediatric Critical Care Medicine
Pediatric Emergency Medicine
Pediatric Endocrinology
Pediatric Gastroenterology
Pediatric Hematology-Oncology
Pediatric Infectious Diseases
Pediatric Nephrology
Pediatric Pulmonology
Pediatric Rheumatology
Pediatric Transplant Hepatology
Sleep Medicine
Sports Medicine

Physical Medicine and Rehabilitation

Physical Medicine and Rehabilitation
(General)
Hospice and Palliative Medicine
Pain Medicine
Neuromuscular Medicine
Pediatric Rehabilitation Medicine
Spinal Cord Injury Medicine
Sports Medicine

Plastic Surgery

Plastic Surgery (General)
Plastic Surgery Within the Head and
Neck
Surgery of the Hand

Preventive Medicine

Aerospace Medicine
Medical Toxicology
Occupational Medicine
Public Health and General Preventive
Medicine
Undersea and Hyperbaric Medicine

Psychiatry and Neurology

Neurology (General)
Psychiatry (General)
Addiction Psychiatry
Child and Adolescent Psychiatry
Clinical Neurophysiology
Forensic Psychiatry
Geriatric Psychiatry
Hospice and Palliative Medicine

Neurodevelopmental Disabilities
Neurology with Special Qualifications in
Child Neurology
Neuromuscular Medicine
Pain Medicine
Psychosomatic Medicine
Sleep Medicine
Vascular Neurology

Radiology

Diagnostic Radiology
Hospice and Palliative Medicine
Neuroradiology
Nuclear Radiology
Pediatric Radiology
Radiation Oncology
Radiologic Physics

Vascular and Interventional Radiology

Surgery

Surgery (General)
Hospice and Palliative Medicine
Pediatric Surgery
Surgery of the Hand
Surgical Critical Care
Vascular Surgery

Thoracic Surgery

Thoracic Surgery

Urology

Urology (General)
Pediatric Urology

CERTIFICATION OF RESIDENT STATUS FOR UAB BENEFITS OFFICE

RESIDENT'S NAME: _____

Social Security Number: _____

Residency/Subspecialty Program: _____

Effective Date of Appointment/Change: _____

Resident's Status & Job Group (check one only):

_____ Resident, Status 07, Job **Group M**

_____ Resident Trainee, Status 20 (**training grant**)

**ENROLLMENT IN BENEFITS MUST BE COMPLETED WITHIN 31 DAYS OF THE
EFFECTIVE DATE OF THE APPOINTMENT**

CURRENT RESIDENTS **CHANGING FROM STATUS 20 TO STATUS 07M** MUST TAKE THIS FORM TO THE BENEFITS OFFICE TO ENROLL FOR BENEFITS.

RESIDENTS **APPOINTED TO TRAINING GRANTS** MAY TAKE THIS FORM, OR A COPY OF THE "LETTER OF UNDERSTANDING", TO BENEFITS TO ENROLL FOR BENEFITS.

FORM COMPLETED BY PROGRAM DIRECTOR OR DESIGNEE:

Signature: _____

Printed Name: _____

Title: _____

Phone #: _____

5 – BENEFITS AND SALARY

Resident Salaries – Academic Year 2012-13:

**RESIDENT SALARIES
UNIVERSITY OF ALABAMA HOSPITAL
ACADEMIC YEAR: JULY 2012 - JUNE 2013**

	<i>PGY-1</i>	<i>PGY-2</i>	<i>PGY-3</i>	<i>PGY-4</i>	<i>PGY-5</i>	<i>PGY-6</i>	<i>PGY-7</i>
<i>Annual Salary</i>	47,742.00	49,061.00	50,561.00	52,161.00	53,774.00	56,380.00	58,259.00
<i>Monthly Salary</i>	3,978.50	4,088.42	4,213.42	4,346.75	4,481.17	4,698.33	4,854.92

Resident Benefits and Salaries Website:

<https://www.uab.edu/medicine/home/education/residents-fellows-post-grad/gme/res-phys-salary>

Instructor Fellow Benefits:

http://www.hrm.uab.edu/main/You_and_UAB_Handbook.pdf#page=19

UAB Resident Benefits Summary

www.uab.edu/benefits

Health Care, Dental, and Vision Plans

As a new resident, coverage under UAB's group health care, dental, or vision plans may begin on either the date of employment or the first day of the month following date of employment. Residents, who wish to enroll in one of UAB's health care, dental, or vision plans, may do so within 31 days of hire date or a qualifying life event.

If you do not enroll during the times stated above, you will be unable to join until Annual Open Enrollment.

UAB's health care, dental, and vision plans are stand alone programs. Premiums for health, dental, and vision insurance are deducted from your paycheck pre-tax.

Your **monthly** health care deductions are as follows:

Health Care Providers	Single	EE + Up to 2	Family
VivaUAB	\$56.56	\$188.00	\$283.50
Viva Access	\$114.84	\$321.22	\$476.22
Blue Cross/PMD	\$220.86	\$584.96	\$900.10

Your **monthly** dental care deductions are as follows:

Dental Care Plans	Single	EE + Up to 2	Family
MetLife Basic	\$19.04	\$35.50	\$48.74
MetLife Comprehensive	\$35.66	\$66.26	\$91.02

MetLife Dental Plan Basic Option - Preventive and diagnostic are covered at 90% usual, customary, reasonable (UCR). Basic services are covered at 90% UCR subject to a \$25 deductible.

MetLife Dental Plan Comprehensive Option - In addition to the Basic dental benefits, the Comprehensive plan covers major services at 60% UCR subject to the deductible. Orthodontics is covered at 50% UCR up to a \$1,000 lifetime maximum per patient.

Your **monthly** vision plan deductions are as follows:

Health Care Providers	Single	EE + Up to 2	Family
Vision Service Plan (VSP)	\$7.68	\$15.42	\$24.44

The VSP plan offers coverage for routine eye exams, lenses and frames, contacts, and discounts for LASIK eye surgery. VSP is a nationwide plan that offers both in-network and out-of-network coverage. UAB Eye Care, the University Optometric Group (private faculty practice group at UAB) and the UAB Department of Ophthalmology – Ophthalmology Services Foundation all participate in the VSP network.

Retirement Plans

Voluntary Retirement Programs 403(b) and 457(b) Plans

• 403(b) Plan

The 403(b) plan is a voluntary, defined-contribution, tax-deferred plan governed by the Internal Revenue Code 403(b). Eligible employees can choose between both TIAA/CREF and VALIC for investments. Vesting in the 403(b) plan is immediate.

• 457(b) Plan

UAB also offers a voluntary, defined-contribution, tax deferred plan governed by Internal Revenue Code 457(b). Similar to the 403(b) plan, the 457(b) plan offers the same expanded investment options, convenient payroll deductions, pre-tax contributions, and tax-deferred growth through both TIAA-CREF and VALIC.

Flexible Spending Accounts

Pretax reimbursement accounts administered by Blue Cross and Blue Shield of Alabama (BCBS) for eligible medical and dependent care expenses. You can set aside pre-tax money via payroll deductions to pay for health care and dependent care expenses not covered by your benefit plan. Money set aside in these accounts will reduce your taxable income, providing you more value for the dollar.

You can set aside up to \$10,000 per year in a health care account. For dependent care accounts, you can set aside \$5,000 or \$2,500 for married taxpayers filing separate returns. Residents must enroll directly with the Benefits Office within 31 days from date of hire, qualifying life event, or during our Annual Open Enrollment period.

Life Insurance, Accidental Insurance, Disability

Group Term Life Insurance – Sponsored

Provided at no cost to the resident.

Coverage varies with salary as indicated below.

Annual Salary	Coverage
Up to \$11,999	\$22,500
\$12,000 to \$17,999	\$25,200
\$18,000 to \$23,999	\$30,000
\$24,000 to \$29,999	\$37,500
\$30,000 to \$39,999	\$50,000
\$40,000 and above, 125% of salary with a maximum insurance coverage of \$300,000.	

Group Universal Life Insurance – Voluntary

Rates vary based on age

Maximum Resident Coverage – Up to five times your Basic Annual Earnings or in \$50,000 increments to a maximum of the lesser of five times Basic Annual Earnings or \$1.4 million.

Guaranteed Issue for Resident – The lesser of three times your Basic Annual Earnings or \$500,000; must be elected during the first 60 days of employment without evidence of insurability.

Guaranteed Issue for Spouse – Amount elected by you in multiples of \$10,000 up to \$150,000. Guaranteed issue amount is \$30,000.

Guaranteed Issue for Unmarried Children -- \$1,000 for children 15 days to under 6 months old. \$10,000 for children 6 months and older.

Accidental Death and Dismemberment Insurance – Sponsored
\$22,500 for accidental death. Dismemberment coverage varies.

Provided at no cost to the resident.

Accidental Death and Dismemberment Insurance – Voluntary
Maximum Coverage -- up to \$500,000

Rates vary based on coverage level.

Long Term Disability Insurance (Salary Continuation)

Provided at no cost to the resident.

After a 90-day waiting period, 66 2/3% monthly salary (not to exceed \$10,000 per month) for the first 90 days of disability. After 90 days, 60% monthly salary (not to exceed \$10,000 per month). This benefit is provided at no cost to the resident.

Other Employee Benefits

Long Term Care

Long Term Care provides benefits for an array of services including home health care, assisted living facility care, adult day care, and respite care.

Paid Time Off

All leave taken is at the discretion of the resident's program director, who must take into consideration any restrictions on leave established by the certifying board and/or Residency Review Committee for the specialty and the training requirements of the program.

Each program must provide its residents with written, program-specific policies on leave which must address the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program. A resident may be required by the program director to complete additional training equivalent to any leave taken in excess of that allowed by the training requirements of the program.

Residents must obtain prior approval from the program director, or his/her designee, for all leave, with the exception of emergencies or sudden illness.

The following is a summary of vacation and sick leave policies established by the Hospital, which generally apply to all residents, except as modified by the policies established by the individual programs. To view the complete and current resident leave policy (to include Family and Medical Leave), please review online, page 20, http://www.uasom.uab.edu/PublicDocuments/GME%20Jennie%20Craft/GME_10_PPM.pdf

Vacation:

The working year is defined in terms of 52 weeks, of which a maximum of three (3) work weeks for vacation purposes will be paid by the Hospital. Vacation unused at the end of a year may not be carried forward to the next year. Vacation unused at the time of termination is not reimbursable but may be taken as terminal leave, at the program director's discretion, through June 30.

Sick Leave:

Salary deductions generally are not made for time lost due to illness or injury if such time does not exceed three (3) work weeks.

NOTE: Although every effort has been made to give you accurate information, there could be errors in the content. This summary of benefits is for general guidance only and is not a contract. All benefits are subject to the terms, conditions, and limitations of the contracts governing them. Costs identified above are effective January 01, 2011. Benefit eligibility may differ for employees working other than in a resident position.

Benefit Eligibility

Assignment Category	Assignment Category Code	UAB-paid Life, Accidental Death & Dismemberment Insurance	Employee-paid Life, Accidental Death & Dismemberment Insurance	Long-term Disability Insurance	Long-term Care Insurance	Teachers' Retirement	403(b) Participant	403(b) Matching (Monthly Only)	457(b) Participant	Health Insurance	Dental Insurance	Flexible Spending Accounts	Vacation, Holiday, Sick Time Accrual	Educational Assistance
Full-time Regular	01	Yes	Yes*	Yes	Yes*	Yes/Required	Yes	Yes	Yes	Yes	Yes*	Yes*	Yes	Yes
Full-time Temporary	02	Yes	Yes*	Yes	Yes*	Optional	Yes	No	Yes	Yes	Yes*	Yes*	No	No
Part-time Regular	03	No	Yes*	Yes	Yes*	Yes/Required (Prorated Credit)	Yes	No	Yes	Yes	Yes*	Yes*	Yes/Prorated	No
Irregular	04	No	No	No	No	No	No	No	No	No	No	No	No	No
Students	06	No	No	No	No	No	No	No	No	No	No	No	No	No
Interns and/or Residents	07	Yes	Yes*	Yes	Yes*	No	Yes	No	Yes	Yes	Yes*	Yes*	No	No
Work Study Students	11	No	No	No	No	No	No	No	No	No	No	No	No	No
Three Twelve-hour-shift	12	Yes	Yes*	Yes	Yes*	Yes/Required	Yes	Yes	Yes	Yes	Yes*	Yes*	Yes	Yes
Weekend Staff Nurses	17	Yes	Yes*	Yes	Yes*	Yes/Required	Yes	No	Yes	Yes	Yes	Yes*	Sick Time Only	No
Postdoctoral Scholar Trainees	20	Yes	Yes*	Yes	No	No	No	No	No	Yes	Yes*	No	No	No
Postdoctoral Scholar Employees	21	Yes	Yes*	Yes	No	No	Yes	Yes	Yes	Yes	Yes*	No	No	No
Requisition Employees	99	No	No	No	No	No	No	No	No	No	No	No	No	No

*Individual pays full premium

6 – VACATION/SICK/FMLA

VACATION/SICK TIME

- **Vacation Time**
 - 15 days per year (runs July 1st -June 30th)
 - Unused vacation time may **not** be carried to the next year.
 - Vacation time unused at the time of termination is **not paid out**.
- **Sick Leave**
 - 15 days per year
 - Unused sick time may **not** be carried to the next year.
- An accrual form should be completed every month.

If the resident/fellow exceeds the allowed amount of time allotted by the Board, the time must be made up. As a result, their end date will be extended.

Employee Name
UAB Employee #

Department of Pediatrics
2011 Vacation, Sick and Personal Holiday Leave Balance Sheet

8/22/2012

			2010 Vacation Balance				2010 Sick Balance			
Month	Vac. Dates	# Days Taken	Balance	Sick Dates	# Days Taken	Accr Rate	Balance			
January			0			0	0			
February			0			0	0			
March			0			0	0			
April			0			0	0			
May			0			0	0			
June			0			0	0			
July			15			0	15			
August			15			0	15			
Sept.			15			0	15			
October			15			0	15			
November			15			0	15			
December			15			0	15			
Total		0	15		0	0	15			
Vacation: The working year is defined in terms of 52 weeks, of which three (3) work weeks paid leave are allowed for vacation purposes. Vacation unused at the end of an academic year may not be carried forward to the next year. The year runs from July 1 - June 30.										
Sick Leave: Salary deductions generally are not made for time lost due to illness or injury if such time does not exceed three (3) weeks.										

Eligibility Criteria for Certification in Pediatric Gastroenterology

The ABP has established a procedure for certification in pediatric gastroenterology. In addition to the specific admission requirements listed below, general eligibility criteria for all ABP subspecialties must be fulfilled to be eligible for certification.

ADMISSION REQUIREMENTS

Physicians who entered training in pediatric gastroenterology on or after **January 1, 1996**, are required to complete their training in a program accredited for training in pediatric gastroenterology by the RC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric gastroenterology training before **January 1, 1990**, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric gastroenterology. Only those pediatric gastroenterology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric gastroenterology are required for fellows entering training on or after January 1, 1990. No continuous absence of more than 1 year will be permitted. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, and so forth, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric gastroenterology training on or after **January 1, 1990**, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of scholarly activity/research;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" or the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" as described in the General Criteria for Certification in the Pediatric Subspecialties. Fellows who began training after July 1, 2004, must meet the requirements for scholarly activity;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after **January 1, 1990**, may complete the required training on a part-time basis not to exceed 6 years.

It should be noted that these criteria and conditions are subject to change without notice. All applicants are advised to contact the ABP to ascertain whether the information they have is current.

EXAMPLE

LEAVE OF ABSENCE FELLOWS & SUB-SPECIALTY RESIDENT

- ✓ Office Managers are responsible for making Fellows/Sub-Specialty Residents aware of their rights concerning Medical Leave and Family Medical Leave. If Fellows/Sub-Specialty Residents have questions, please refer them to Karen Brooks.
- ✓ Office Managers are responsible for notifying HR when the employee begins medical leave and returns.
- ✓ Fellows/Sub-Specialty Residents **cannot return to work without** a doctor's note authorizing their return.
- ✓ **IF THE FELLOW/SUB-SPECIALTY RESIDENT EXCEEDS THE ALLOWED AMOUNT OF VACATION/SICK TIME, THE TIME MUST BE MADE UP. AS A RESULT, THEIR END DATE WILL BE EXTENDED.**

DOCUMENTATION NEEDED

UAB

Medical Leave

- ✓ Family Medical Leave Packet
 - Physician must complete the certification form.
- ✓ Updated Accrual Form

Family Medical Leave

- ✓ Same as Medical Leave

HSF

Medical Leave

- ✓ Family Medical Leave Packet
 - Physician must complete the certification form.
- ✓ Updated Accrual form

Family Medical Leave

- ✓ Same as Medical Leave



FAMILY MEDICAL LEAVE OF ABSENCE REQUEST FORM

I request to be placed on UAHSF Family / Medical leave of absence based on the attached certification/documentation. The attached medical certification must be submitted within 15 days of the leave of absence request. In the event that the leave is spontaneous the Supervisor must submit the leave of absence request as soon as possible.

Full Name: _____ Employee#: _____ Department: _____

Office Phone #: _____ Home # _____ Email: _____

Requested Leave Start Date: ____ / ____ / ____

Requested Leave End Date: ____ / ____ / ____

Please check one: _____ Continuous / Blocked Leave

_____ Intermittent Leave

REASON FOR LEAVE OF ABSENCE: (Maximum time allowed for eligible employees is 12 weeks in a rolling 12-month period, even if there is more than one qualifying reason.)

Employee Medical Condition:

_____ Medical leave of absence for a serious health condition that makes me unable to work. (Attach certification from a health care provider. See additional provisions in the UAHSF Employee Handbook.)

Family-Related Reasons:

_____ Birth of a child (including pregnancy-related absences prior to delivery as well as prenatal care) or to care for the baby. (Attach certification from a health care provider or a copy of the birth certificate. Employee's entitlement to leave of absence expires twelve months from the child's date of birth.)

_____ Adoption of a child by the employee. (Attach a copy of the adoption papers. Employee's entitlement to leave of absence expires twelve months from the date of adoption.)

_____ Placement of a child with the employee for foster care. (Attach a copy of the foster care placement papers. Employee's entitlement to leave expires twelve months from the date of foster care placement.)

_____ Care of my ☐ Child, Age _____ ☐ Spouse ☐ Parent (but not in-laws) having a serious health condition. (Attach certification from a health care provider. *Children 18 years or older are not included unless they are incapable of self-care due to mental or physical disabilities.*)

I understand that I must first use all of my eligible accrued sick leave, personal holiday and vacation time at the beginning of my family/medical leave of absence as a part of my leave of absence. I understand that if I do not return to work after the leave, UAHSF may recover payments for health insurance made by the UAHSF during my leave of absence. I understand that failure to return to work on the date stated above as the leave end date or that misrepresentation of facts on this form will jeopardize my reinstatement at the UAHSF.

Employee Signature: _____

Date: ____ / ____ / ____

Acknowledgement of Request:

Department Supervisor: _____

Date: ____ / ____ / ____

Supervisor Phone Number: _____

Supervisor Email: _____

Employee has accrued time to be paid through: Date: ____ / ____ / ____
(Complete only for blocked leave of absence. Attach accrual balance if not in Kronos.)

Send completed forms to UAHSF Benefits Office, JNWB Suite 116

Revised 02/2011

YOUR RIGHTS AND RESPONSIBILITIES

under the

FAMILY MEDICAL LEAVE ACT (FMLA)

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or childbirth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or called to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list. In 2010 the definition of a Covered Service Member was expanded to include veterans who are undergoing medical treatment, recuperation, or therapy for a serious injury or illness and who was a member of the Armed Forces (including National Guard or Reserves) at any time during the five year period preceding the date on which the veteran undergoes that medical treatment, recuperation or therapy.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block.

Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

Any inquiries or complaints concerning the application of the Family and Medical Leave Act and its implementing regulations as they relate to the University of Alabama Health Services Foundation should be directed to the following office:

Human Resources Office HSF

205/801-8055

The University of Alabama Health Services Foundation encourages individuals who have complaints to contact Human Resources prior to contacting an outside agency. If you desire to utilize UAHSF's internal complaint procedure contact: The Office of Human Resources.



Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. **It is your responsibility to ensure that the health care provider returns the completed form to you or HSF Human Resources via fax 205.731.9306 within 15 calendar days of receipt.**

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? ____ No ____ Yes

If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Will the patient need to have treatment visits at least twice per year due to the condition? ____ No ____ Yes

Was medication, other than over-the-counter medication, prescribed? ____ No ____ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ____ No ____ Yes

If so, state the nature of such treatments and expected duration of treatment:



2. Is the medical condition pregnancy? ____ No ____ Yes If so, expected delivery date: _____
3. Answer the following questions based upon the employee's description of his/her job functions. Is the employee unable to perform any of his/her job functions due to the condition: ____ No ____ Yes. If so, identify the job functions the employee is unable to perform:
- _____
4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):
- _____
- _____

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ____ No ____ Yes
If so, estimate the beginning and ending dates for the period of incapacity: From: _____ To: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ____ No ____ Yes

If so, are the treatments or the reduced number of hours of work medically necessary? ____ No ____ Yes

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any: _____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?
____ No ____ Yes

Is it medically necessary for the employee to be absent from work during the flare-ups? ____ No ____ Yes If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: ____ times per ____ week(s) ____ month(s)

Duration: ____ hours or ____ day(s)

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

Date



FAMILY MEDICAL LEAVE OF ABSENCE REQUEST FORM

I request to be placed on UAB's Family / Medical leave of absence based on the attached certification/documentation. The attached medical certification must be submitted within 15 days of the leave of absence request. In the event that the leave is spontaneous the Supervisor must submit the leave of absence request as soon as possible.

Full Name: _____ Employee#: _____ Department: _____

Office Phone #: _____ Home # _____ Email: _____

Requested Leave Start Date: ____ / ____ / ____

Requested Leave End Date: ____ / ____ / ____

Please check one: _____ Continuous / Blocked Leave

_____ Intermittent Leave

REASON FOR LEAVE OF ABSENCE: (Maximum time allowed for eligible employees is 12 weeks in a rolling 12-month period, even if there is more than one qualifying reason.)

Employee Medical Condition:

_____ Medical leave of absence for a serious health condition that makes me unable to work. (Attach certification from health care Provider. See additional provisions in the You and UAB Handbook)

Family-Related Reasons:

_____ Birth of a child (including pregnancy-related absences prior to delivery as well as prenatal care) or to care for the baby. (Attach certification from a health care provider or a copy of the birth certificate. Employee's entitlement to leave of absence expires twelve months from the child's date of birth.)

_____ Adoption of a child by the employee. (Attach a copy of the adoption papers. Employee's entitlement to leave of absence expires twelve months from the date of adoption.)

_____ Placement of a child with the employee for foster care. (Attach a copy of the foster care placement papers. Employee's entitlement to leave expires twelve months from the date of foster care placement.)

_____ Care of my ☐ Child, Age _____ ☐ Child of Sponsored Dependent, Age _____ ☐ Spouse ☐ Parent (but not in-laws)
☐ Sponsored Dependent* having a serious health condition. (Attach certification from a health care provider. *Children 19 years or older are not included unless they are incapable of self-care due to mental or physical disabilities.*)

I understand that I must first use all of my eligible accrued benefit time at the beginning of my family/medical leave of absence as a part of my leave of absence. I understand that if I do not return to work after the leave, UAB may recover payments for health insurance made by the UAB during my leave of absence. I understand that failure to return to work on the date stated above as the leave end date or that misrepresentation of facts on this form will jeopardize my reinstatement at the UAB.

Employee Signature: _____

Date: ____ / ____ / ____

* Affidavit must be on file in the HR Benefits Office

Acknowledgement of Request:

Department Supervisor: _____

Date: ____ / ____ / ____

Supervisor Phone Number: _____

Supervisor Email: _____

Employee has accrued time to be paid through: Date: ____ / ____ / ____ (Complete only for blocked leave of absence)

☐ Sponsored Dependent (Adult or Child) affidavit verified by HR Records – Date: ____ / ____ / ____

Send completed forms to UAB: HR Records AB254 or via fax 205.996.9954



YOUR RIGHTS AND RESPONSIBILITIES under the FAMILY MEDICAL LEAVE ACT (FMLA)

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or childbirth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or called to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintroduction briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list. In 2010 the definition of a Covered Service Member was expanded to include veterans who are undergoing medical treatment, recuperation, or therapy for a serious injury or illness and who was a member of the Armed Forces (including National Guard or Reserves) at any time during the five year period preceding the date on which the veteran undergoes that medical treatment, recuperation or therapy.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block.

Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

Any inquiries or complaints concerning the application of the Family and Medical Leave Act and its implementing regulations as they relate to the University of Alabama at Birmingham should be directed to the following office:

Human Resources Office

205/934-4408

The University of Alabama at Birmingham encourages individuals who have complaints to contact Human Resources prior to contacting an outside agency. If you desire to utilize UAB's internal complaint procedure contact: Human Resources Relations.



Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. **It is your responsibility to ensure that the health care provider returns the completed form to you or Employee Health 205.975.6900 within 15 calendar days of receipt.**

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? _____ No _____ Yes

If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Will the patient need to have treatment visits at least twice per year due to the condition? _____ No _____ Yes

Was medication, other than over-the-counter medication, prescribed? _____ No _____ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? _____ No _____ Yes

If so, state the nature of such treatments and expected duration of treatment:



2. Is the medical condition pregnancy? ____ No ____ Yes If so, expected delivery date: _____
3. Answer the following questions based upon the employee's description of his/her job functions. Is the employee unable to perform any of his/her job functions due to the condition: ____ No ____ Yes. If so, identify the job functions the employee is unable to perform:
- _____
4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):
- _____
- _____

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ____ No ____ Yes
If so, estimate the beginning and ending dates for the period of incapacity: From: _____ To: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ____ No ____ Yes

If so, are the treatments or the reduced number of hours of work medically necessary? ____ No ____ Yes

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any: _____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?
____ No ____ Yes

Is it medically necessary for the employee to be absent from work during the flare-ups? ____ No ____ Yes If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: ____ times per ____ week(s) ____ month(s)

Duration: ____ hours or ____ day(s)

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

Date



Authorization to Disclose Confidential Medical Information

I authorize

Dr. _____

Address

City/State/Zip Code

Phone Number

to disclose complete information to the University of Alabama at Birmingham Hospital Employee Health Services Office related to my medical case history, examinations and treatment that I have received while under his/her care.

I also authorize Dr. _____ to discuss my medical case history with an authorized representative of the UAB HR Relations Office in order for that office to assess the need for a reasonable workplace accommodation if necessary.

--

Patient's Name

Patient's Signature

Social Security Number

Date of Birth

Street Address

City/State/Zip Code

Date



REQUEST TO RETURN FROM MEDICAL LEAVE OF ABSENCE

Employee's Name:	Employee ID #:
Department:	Position:
Supervisor's Name:	Home Phone #:

This acknowledges that I am prepared to return to work from my Leave of Absence (LOA) on _____.

Because my LOA was due to my illness, I understand that I must provide a medical clearance signed by my medical provider indicating my fitness for duty, my restrictions (if any) and my release date.

Employee's Signature:	Date:
-----------------------	-------

This form must be completed and submitted, **prior to returning to work.** Send to Employee Health Services. Return by secure fax or mail to:

*University of Alabama at Birmingham
Employee Health Services
SW S123
619 19th Street South
Birmingham, AL 35294-6508*

Secure Fax: (205)975-6900

Health Care Provider's Statement:

This is to certify that _____ may return to work on _____.
(Name of Patient) (Date of return work)

Restrictions or limitations? ☐ NONE ☐ Yes (If yes, please explain)

Signature of Health Care Provider

Date

Printed Name of Health Care Provider

Date

7 – VISA

International Medical Graduates (IMG) Participating in Graduate Medical Training

J-1 physicians participating in ACGME accredited programs

Physicians currently training at UAB requiring an extension (we like to start this process in January/February)

Documents needed:

- Signed GME agreement for the upcoming PGY
- Completed form I-644
- Copy of the physician's last I-94 card (front and back) and their J-2 dependents
- New Ministry of Health Statement of Need letter might be required

Process:

- IRSS/GME sends out extension notifications to departments to determine which physicians require extensions of their J-1 status
- Department will provide IRSS with the physician's name, ECFMG #, email contact, and the PGY # they are entering
- IRSS initiates application online through ECFMG EVnet.
- ECFMG emails physician to go online to complete their part of the application and pay their administrative fees through OASIS
- IRSS submits the documents to ECFMG
- DS-2019 is issued within 2 weeks and sent to IRSS. IRSS contacts physician to collect their extension DS-2019 and completes a new form I-9 for HRM.

Physicians currently training in the USA at another institution and coming to UAB for subspecialty

Documents needed:

- Signed GME agreement for the upcoming PGY
- A detailed program description on UAB letterhead and signed by the Program Director (I'm collecting these now to have on file)
- Completed form I-644 (signed by the IMG and their current Program Director)
- Copy of the physician's last I-94 card (front and back) and their J-2 dependents
- CV of the physician
- Ministry of Health Statement of Need letter for the specific subspecialty

Process:

- Departments must initiate contact with IRSS to inform us of incoming IMG
- Department will provide IRSS with the physician's name, ECFMG #, email contact, and the PGY # they are entering
- IRSS initiates application online through ECFMG EVnet.
- ECFMG emails physician to go online to complete their part of the application and pay their administrative fees through OASIS

- IRSS submits the documents to ECFMG
- DS-2019 is issued within 2 weeks and sent to IRSS. IRSS contacts physician to collect their extension DS-2019 upon their arrival at UAB. Physician will complete initial I-9 for HRM during orientation.

Physicians outside the USA coming to UAB

Documents needed:

- Signed GME agreement
- A detailed program description on UAB letterhead and signed by the Program Director (I'm collecting these now to have on file)
- Copy of the physician's biographical page from passport and any accompanying J-2 dependents
- CV of the physician
- Ministry of Health Statement of Need letter for the specific subspecialty

Process:

- Departments must initiate contact with IRSS to inform us of incoming IMG
- Department will provide IRSS with the physician's name, ECFMG #, email contact, and the PGY # they are entering
- IRSS initiates application online through ECFMG EVnet.
- ECFMG emails physician to go online to complete their part of the application and pay their administrative fees through OASIS
- IRSS receives the documents above and submits to ECFMG
- DS-2019 is issued within 2 weeks and sent to IRSS. IRSS contacts the program coordinator to collect the DS-2019 and courier to the physician in their home country. The physician schedules a visa appointment with the USA consulate and presents his DS-2019. Visas are issued in 2-8 weeks depending on the country of residence and required security checks.
- Physician enters the USA and must check in with IRSS. Notification is made to ECFMG by IRSS that the physician has arrived. **IRSS must send the completed verification of arrival form, copies of the I-94 card, visa stamp and stamped DS-2019 to ECFMG within 30 days of the physician's start date.** Physician can apply for SSN after 10 days from their arrival in the USA. Once issued the physician must provide their SSN to GME, department, HRM and IRSS.

Non-Standard/Not ACGME-certified fellowships (Chief Residency included in this category)

These programs require additional documentation for ECFMG sponsorship.

Additional documents needed:

- Program must be acknowledged by the Board that this is a valid program (ECFMG already has a list of subspecialties that have Board approval). IRSS will check the list to see if your program is covered and has the same timeline for completion. If not on the list, the Program Director must contact the Board and request a letter of support.
- A detailed program description, outlining the curriculum, the assessment process and the criteria for selection if the curriculum has an optional pathway for an extra year of training.

- GME verification form completed by the GME Committee (IRSS will work with the department and GME on coordinating the required documentation so the Board can review the program)
- Physician must provide a statement of educational objectives detailing how they will apply this additional training and their plans for any future training in the USA.
- Letter of offer listing the dates of training and the financial support.

With this extra documentation we also include the standard documents as listed in the previous categories.

NOTE: There is one individual at ECFMG that handles all the non-standard program requests. As such the processing time can be 4-6 weeks.

H-1B Clinical Visa

In order for an IMG to qualify for this category of visa he/she must have successfully completed Steps 1, 2 and 3 of the USMLE. If the physician is waiting to take the Step 3 prior to starting your program, there is some risk that they will be delayed with starting their training. UAB cannot file the petition with USCIS until the results are posted. If the physician is not successful on Step 3, then we must start the application for J-1 through ECFMG.

Physicians that are currently in the USA holding H-1B status at another institution

The physician is considered “portable.” This means UAB must get the petition filed with USCIS and the physician can begin employment with the receipt notice. We don’t have to have an actual approval. These physicians will already have a SSN, so **we must have the Alabama medical license approved before we can submit the petition to USCIS.** The person’s length of time in the USA will determine if we apply for limited or full license. IRSS will work with the department to make sure the license is submitted in a timely manner. The department will provide IRSS with the H-1B support letter and screening form.

Physicians outside the USA or currently in the USA under another visa status that requires a change of status to H-1B

These physicians will probably not have the SSN and as such cannot apply for the Alabama limited license. IRSS will insert the memo from the Alabama Medical Board detailing this policy and the department will mention this in the H-1B support letter. Due to mandated start date, UAB will pay for the additional premium processing fee to expedite the approval through USCIS. Department must request the check through accounts payable and deliver it to IRSS with the H-1B support letter and screening form.

8 – GRADUATE MEDICAL EDUCATION



ATTACH RECENT
PHOTOGRAPH

UAB HOSPITAL/UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE

**APPLICATION FOR GRADUATE MEDICAL EDUCATION
(Please type or print)**

Date of Application _____ Match # (if applicable): _____
(Mon) (Day) (Year)

Name _____ Social Sec. No. _____
(Last) (First) (Middle)

Application is made for graduate medical education in the specialty of _____
beginning (Mon/Year) _____ at postgraduate year (check one): ____ PGY-1, ____ PGY-2, ____ PGY-3,
____ PGY-4, ____ PGY-5, ____ PGY-6, ____ PGY-7, or other (list): _____

Present Address: _____
(Street) (City) (State) (Zip) (Country if other than USA)

Permanent Address: _____
c/o (Name) (Street) (City) (State) (Zip) (Country if other than USA)

Present Telephone: () _____ Permanent Telephone: () _____ E-Mail Address: _____

Citizenship: _____ (if not U.S. citizen, see page 3)

Nearest Relative: _____
Name Address Telephone Relationship

The following sociodemographic data are requested for statistical reporting:

Birthdate: _____ Birth Place: _____
Month/Day/Year City State Country

Sex: _____ Race: _____ Marital Status: _____ No. Dependents: _____

UNDERGRADUATE EDUCATION (List in chronological order)

Name of School	City/State/Country	Inclusive Dates		Degree/Date
		From	To	

GRADUATE AND/OR MEDICAL EDUCATION (List in chronological order)

Name of School	City/State/Country	Inclusive Dates		Degree/Date
		From	To	

PREVIOUS POSTGRADUATE RESIDENCY AND/OR FELLOWSHIP TRAINING

Postgraduate Year 1	Specialty	(Mo/Yr) to (Mo/Yr)
	Institution Name	City/State/County
Postgraduate Year 2	Specialty	(Mo/Yr) to (Mo/Yr)
	Institution Name	City/State/County
Postgraduate Year 3	Specialty	(Mo/Yr) to (Mo/Yr)
	Institution Name	City/State/County
Postgraduate Year 4	Specialty	(Mo/Yr) to (Mo/Yr)
	Institution Name	City/State/County
Other:	Specialty	(Mo/Yr) to (Mo/Yr)
	Institution Name	City/State/County

WORK EXPERIENCE OR OTHER EDUCATIONAL/RESEARCH EXPERIENCE SINCE MEDICAL SCHOOL GRADUATION

Position	Institution/Organization	Location	Inclusive Dates

Honors: _____

Extracurricular Activities: _____

RECOMMENDATIONS (Indicate name, title/position, institution, and location of those asked to write letters of recommendation)

(1) _____

(2) _____

(3) _____

United States Medical Licensing Examination (USMLE) OR Comprehensive Medical Licensing Exams (COMLEX) Circle One

Step/Level 1	_____	_____	_____	Passed: _____ Yes _____ No
	Date Taken	Score	Percentile	
Step/Level 2	_____	_____	_____	Passed: _____ Yes _____ No
	Date Taken	Score	Percentile	
Step/Level 3	_____	_____	_____	Passed: _____ Yes _____ No # Attempts*: _____
	Date Taken	Score	Percentile	

*The Alabama Board of Medical Examiners allows only three attempts for Step/Level 3 (see #7, Application Procedures)

National Provider Number (NPI) _____

PROFESSIONAL LICENSURE (list any medical/dental licenses issued including unrestricted license, training permits, certificates of registration, etc.)

	State	License Number	Type	Date Issued	Expiration Date
Medical/Dental License:					
DEA Number:					
Other (specify):					

INFORMATION REQUIRED OF NON-U.S. CITIZENS AND GRADUATES OF NON-LCME ACCREDITED MEDICAL SCHOOLS

Visa Type and Status (Attach copy of Visa): Type _____ Date Issued _____ Expiration Date _____

ECFMG Step 1: Date Taken _____ Score _____ Step 2: Date Taken _____ Score _____

TOEFL Exam: Date Taken _____ Score _____ CSA Exam: Date Taken _____ Score _____

ECFMG Certificate No. _____ Date Issued _____ Expiration Date _____

MILITARY SERVICE - List Status (Active/Inactive), Rank, Branch, Inclusive Dates, Type Discharge, if applicable:

Were you ever convicted by a court-martial? _____ Yes _____ No

Do you now abuse chemical substances, as defined herein?* _____ Yes _____ No

*(Substance abuse is defined as using drugs for non-medical reasons in an attempt to influence the mind and body, to alter emotions and senses, and to escape reality. A drug can be considered as any substance, other than food and including alcohol, that has an effect on the central nervous system or other systems of the body.)

Have you ever been convicted of any charge (s) related to or pertaining to chemical substance abuse, or to the possession, sale or other distribution of illegal or legally controlled substances? Yes _____ No _____

Other Charges and Violations:

Are you now under charges for any violation of the law or have you been convicted of or forfeited collateral for any violation of law punishable by imprisonment of longer than one year, except for: traffic fines of \$100 or less; any offense committed before your 18th birthday adjudicated in a juvenile court or under a youth offender law; any conviction for which the record has been expunged under federal or state?

Yes _____ No _____

Have any professional liability claims been filed against you during the last five years or are any professional liability claims currently pending against you?

Yes _____ No _____

Have you ever been excluded from participating in federal healthcare programs, such as Medicare or Medicaid?

Yes _____ No _____

Have you ever been refused medical licensure?

Yes _____ No _____

Has your medical license ever been suspended or revoked?

Yes _____ No _____

Have you ever been denied medical staff privileges, or had your medical staff privileges suspended or revoked?

Yes _____ No _____

If you answered "Yes" to any of the above, give details. For each, give (1) date, (2) charge, (3) place, (4) court, (5) action taken. Use additional sheets if necessary. _____

I certify that the answers to the foregoing questions are true and complete to the best of my knowledge and belief, and are made in good faith. I give UAB the right to contact all persons and/or organizations named to gain information relevant to this application. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds for UAB to terminate my residency without notice. I acknowledge by my signature that I have read and understand these statements.

Signature of Applicant (sign in ink)

Date

PERSONAL STATEMENT

APPLICATION PROCEDURES

1. Application form

- A. An applicant graduating from medical school (or school of osteopathy) should fill out all appropriate pages of the application form.
- B. An applicant currently taking or having taken graduate clinical training in an approved program elsewhere should fill out all pages of the application form. All year(s) of previous residency or subspecialty training must be documented (as to PGY levels and actual months/years of credit fully granted to the applicant) to the satisfaction of the Program Director(s), as determined by the requirements for entrance to and successful completion of the graduate medical education program(s) to which application is made.
- C. A recent photograph is to accompany this application.

2. Letters of recommendation

- A. An applicant graduating from medical school (or school of osteopathy) should arrange for three letters of recommendation to be sent directly to the Program Director. These letters should attest to personal qualifications and to scholastic and clinical ability.
 - 1) One letter should be sent by the dean of the medical school, accompanied by the official transcript of credits.
 - 2) The other two letters should be sent by faculty members who know the applicant personally and have supervised some of the applicant's work. At least one of these letters should be from the chairman or other faculty member of the department of the specialty desired.
- B. An applicant currently enrolled, or having completed previous postgraduate training, should arrange for three letters of recommendation to be sent directly to the Program Director. These letters should attest to personal qualifications and to scholastic and clinical ability.
 - 1) One letter should be sent by the dean of the medical school from which the applicant graduated, accompanied by the official transcript of credits training.
 - 2) One letter should be sent by the applicant's current program director (or the program director of the most recent program in which the applicant was enrolled).
 - 3) One letter should be sent by a faculty member who knows the applicant personally and has supervised some of the applicant's work.
- C. Some specialty programs require more than three letters of reference. Please refer to the cover letter accompanying this application.

3. Interviews

A personal interview is required and will be granted to the most qualified applicants. Applicants selected to interview will be contacted by the program to which they have applied.

4. International medical graduates

An applicant who is an international medical graduate (IMG) must enclose a notarized copy of his/her valid ECFMG certificate with the application form. IMGs accepted for residency positions must maintain a valid ECFMG certificate for the duration of their training.

5. United States Medical Licensing Examination (USMLE)

- A. **USMLE Step 2:** All applicants accepted for residency positions beginning at postgraduate year one (PGY-1) must pass USMLE Step 2 within three months of beginning the PGY-1 year.
- B. **USMLE Step 3:** All applicants accepted for residency training must pass USMLE Step 3 within six months of beginning the second postgraduate year (PGY-2).

6. Licensure

All residents must obtain an unrestricted license to practice medicine, dentistry, or osteopathy in the State of Alabama within seven months of becoming eligible for licensure in the State of Alabama. It is the responsibility of the resident to obtain licensure at the appropriate time. For information and application materials, contact the Alabama State Board of Medical Examiners, P.O. Box 946, 848 Washington Avenue, Montgomery, AL 36102 (334/242-4116).

7. National Resident Matching Program

The University of Alabama Hospital and applicable programs subscribe to the National Resident Matching Program and all regulations as specified by that program.

8. Final selections

Final selections will be made through (a) the National Resident Matching Program, when applicable, or (b) by selection procedures established by the program.

SEND COMPLETED APPLICATION AND ALL NECESSARY SUPPORTING DOCUMENTS TO PROGRAM DIRECTOR OF THE SPECIALTY TO WHICH YOU ARE APPLYING.

INITIAL RESIDENT AGREEMENT

This agreement is entered into the _____ day of _____, 20____ between the Board of Trustees of the University of Alabama on behalf of The University of Alabama Hospital ("Hospital"), and _____ ("Resident").

Hospital wishes to appoint the Resident as a postgraduate year _____ resident in the _____ Program and Resident wishes to accept such appointment.

Therefore, the parties hereto agree as follows:

1. **Term of Agreement.** Unless earlier terminated in accordance with this agreement, the term of the Resident's appointment is one year commencing on _____, 20____, and terminating on _____, 20____.
2. **Graduate Medical Education Policies and Procedures.** Resident has been provided a copy of the UAB Hospital Graduate Medical Education Policies and Procedures. Resident acknowledges receipt of said document as well as having read and understood it. Resident acknowledges and comprehends the guidelines and/or the processes outlined in the GME Policies and Procedures, including, without limitations, those sections regarding resident eligibility and requirements for residency training (Section III.A and B), resident responsibilities and conditions of appointment (Section V), educational program and faculty responsibilities (Section VII), financial support and benefits (Section IV), ancillary and support services (Section VI), disciplinary procedures (Section X), grievance procedures and due process (Section XI), professional liability insurance (Section IV.F), health and disability insurance (Section IV.E), annual leave (Section IV.G), supervision of residents (Section VIII.B.), duty hours (Section VIII.D), moonlighting (Section VIII.G), counseling services (Section VI.C), physician impairment (Section IX), residency closure/reduction (Section IV.B), restrictive covenants (Section III.C), and University of Alabama at Birmingham policies on harassment (Appendix 5).
3. **ACGME Accreditation Related Activities.** In programs accredited by the Accreditation Council for GME (ACGME), resident acknowledges and agrees to maintain compliance with activities related to program accreditation in the time prescribed. These activities include, but are not limited to, completing the ACGME Resident Survey, logging duty hours and completing case logs as requested by the Program Director.
4. **Salaries.** Salaries are determined each year based on the budget of the Hospital with approval by the Dean's Council for Graduate Medical Education. Resident shall be paid the salary approved for the appointed postgraduate year, as specified in Section 1 of this agreement, and in accordance with the GME Policies and Procedures, Section IV.D.
5. **Physical Examination.** Resident understands that failure to complete a health screening examination performed by the Hospital, as outlined in Section V.D. of the GME Policies and Procedures will result in suspension or termination of his/her appointment as a resident.
6. **USMLE/COMLEX Examinations and Alabama Licensure.** Resident understands that failure to pass the USMLE or COMLEX examinations and obtain licensure in the State of Alabama, as outlined in Sections V.J, V.K, and V.L of the GME Policies and Procedures, will result in suspension or termination of his/her appointment as a resident.
7. **Renewal of Agreement.** Resident understands and acknowledges that this agreement expires on the date set forth in Section 1 and that Hospital makes no commitment to renew this agreement. Reappointment and advancement of the Resident is at the discretion of the Program Director in accordance with section III.F. of the GME Policies and Procedures. If a decision is made by the Hospital not to renew this agreement at the end of its one year term, notice of such nonrenewal shall be made in writing four months in advance of _____, 20____, in accordance with section III.D of the GME Policies and Procedures. However, if the primary reason for the non renewal occurs within the four months prior to the end of the agreement, the notice of non renewal may be sent less than four months in advance of the non renewal. Any resident receiving notice of intent to not renew his/her contract may request a hearing as outlined in Grievance Procedures, Section XI.C. Any resident receiving notice of intent of non-promotion to the next level of training may request informal adjudication as outlined in Grievance Procedures, Section XI.B. Each Resident who is offered a renewal of this agreement must accept such offer in writing within thirty (30) days of the date shown in the first paragraph of the renewal contract. Likewise, if a decision is made by the Resident not to renew this agreement at the end of its one year term, the resident shall submit notice of such nonrenewal in writing to the Graduate Medical Education Department four months in advance of _____, 20____.
8. **Termination of Agreement.** Hospital may terminate the Resident Agreement, as set forth in the GME Policies and Procedures. If the resident leaves the program, thereby terminating this agreement, the resident will have breached this agreement. In the event of such breach, resident understands and agrees to the following: 1) the Hospital will report the resident's breach of the agreement to the National Resident Matching Program, if applicable; and, 2) the Program Director and the Hospital will include the fact of the resident's breach in any reference letters.
9. **Acceptance.** This agreement shall not be effective and shall not bind either party unless it is submitted to Hospital within sixty (60) days of the date shown in the first paragraph of this agreement and accepted by the Hospital by signature below.

THE UNIVERSITY OF ALABAMA HOSPITAL:

By: _____
Designated Institutional Official

Date: _____, 20____

By: _____
Program Director

Date: _____, 20____

RESIDENT:

By: _____

Date: _____, 20____

RESIDENT RENEWAL AGREEMENT

This agreement is entered into the _____ day of _____, 20____ between the Board of Trustees of the University of Alabama on behalf of The UAB Hospital ("Hospital"), and _____ ("Resident"). Hospital wishes to appoint the Resident as a postgraduate year _____ resident in the _____ Program and Resident wishes to accept such appointment.

Therefore, the parties hereto agree as follows:

1. **Term of Agreement.** Unless earlier terminated in accordance with this agreement, the term of the Resident's appointment is one year commencing on _____, 20____, and terminating on _____, 20____.
2. **Graduate Medical Education Policies and Procedures.** Resident has been provided a copy of the UAB Hospital Graduate Medical Education Policies and Procedures. Resident acknowledges receipt of said document as well as having read and understood it. Resident acknowledges and comprehends the guidelines and/or the processes outlined in the GME Policies and Procedures, including, without limitations, those sections regarding resident eligibility and requirements for residency training (Section III.A and B), resident responsibilities and conditions of appointment (Section V), educational program and faculty responsibilities (Section VII), financial support and benefits (Section IV), ancillary and support services (Section VI), disciplinary procedures (Section X), grievance procedures and due process (Section XI), professional liability insurance (Section IV.F), health and disability insurance (Section IV.E), annual leave (Section IV.G), supervision of residents (Section VIII.B.), duty hours (Section VIII.D), moonlighting (Section VIII.G), counseling services (Section VI.C), physician impairment (Section IX), residency closure/reduction (Section IV.B), restrictive covenants (Section III.C), and University of Alabama at Birmingham policies on harassment (Appendix 5).
- 3.
4. **ACGME Accreditation Related Activities.** In programs accredited by the Accreditation Council for GME (ACGME), resident acknowledges and agrees to maintain compliance with activities related to program accreditation in the time prescribed. These activities include, but are not limited to, completing the ACGME Resident Survey, logging duty hours and completing case logs as requested by the Program Director.
5. **Salaries.** Salaries are determined each year based on the budget of the Hospital with approval by the Dean's Council for Graduate Medical Education. Resident shall be paid the salary approved for the appointed postgraduate year, as specified in Section 1 of this agreement, and in accordance with the GME Policies and Procedures, Section IV.D.
6. **USMLE/COMLEX Examinations and Alabama Licensure.** Resident understands that failure to pass the USMLE or COMLEX examinations and obtain licensure in the State of Alabama, as outlined in Sections V.J, V.K, and V.L of the GME Policies and Procedures, will result in suspension or termination of his/her appointment as a resident.
7. **Renewal of Agreement.** Resident understands and acknowledges that this agreement expires on the date set forth in Section 1 and that Hospital makes no commitment to renew this agreement. Reappointment and advancement of the Resident is at the discretion of the Program Director in accordance with section III.F. of the GME Policies and Procedures. If a decision is made by the Hospital not to renew this agreement at the end of its one year term, notice of such nonrenewal shall be made in writing four months in advance of _____, 20____, in accordance with section III.D of the GME Policies and Procedures. However, if the primary reason for the non renewal occurs within the four months prior to the end of the agreement, the notice of non renewal may be sent less than four months in advance of the non renewal. Any resident receiving notice of intent to not renew his/her contract may request a hearing as outlined in Grievance Procedures, Section XI.C. Any resident receiving notice of intent of non-promotion to the next level of training may request informal adjudication as outlined in Grievance Procedures, Section XI.B. Each Resident who is offered a renewal of this agreement must accept such offer in writing within thirty (30) days of the date shown in the first paragraph of the renewal contract. Likewise, if a decision is made by the Resident not to renew this agreement at the end of its one year term, the resident shall submit notice of such non-renewal in writing to the Graduate Medical Education Department four months in advance of _____20____.
8. **Termination of Agreement.** Hospital may terminate the Resident Agreement, as set forth in the GME Policies and Procedures. If the resident leaves the program, thereby terminating this agreement, the resident will have breached this agreement. In the event of such breach, resident understands and agrees to the following: 1) the Hospital will report the resident's breach of the agreement to the National Resident Matching Program, if applicable; and, 2) the Program Director and the Hospital will include the fact of the resident's breach in any reference letters.
9. **Acceptance.** This agreement shall not be effective and shall not bind either party unless it is submitted to Hospital within sixty (60) days of the date shown in the first paragraph of this agreement and accepted by the Hospital by signature below.

THE UNIVERSITY OF ALABAMA HOSPITAL:

RESIDENT:

By: _____
Designated Institutional Official

Date: _____, 20____

By: _____

Date: _____, 20____

By: _____
Program Director

Date: _____, 20____

Program: _____

NEW TO UAB GME – CHECKLIST
Required Information

PROGRAM: _____

PRELIM'S PRIMARY PROGRAM: _____

SS# _____

RESIDENT'S NAME:

APPOINTMENT: (1 year)

Last	First	Middle	Degree	Start Date	End Date	PGY
------	-------	--------	--------	------------	----------	-----

CURRENT ADDRESS:

CURRENT TELEPHONE:

()

Street	Apt. #	City	State	Zip Code
--------	--------	------	-------	----------

REQUIRED DOCUMENTATION FOR EACH RESIDENT

(Check If Attached)

- | | |
|--|-------|
| <input type="checkbox"/> GME Application (must be current within 3 months) | _____ |
| <input type="checkbox"/> Current CV (must be current within 3 months) | _____ |
| <input type="checkbox"/> Copy of letter of offer for this position | _____ |
| <input type="checkbox"/> Copy of medical school diploma
(please provide date to expect if not included) | _____ |
| <input type="checkbox"/> Copy of medical school dean's letter | _____ |
| <input type="checkbox"/> Letters of recommendation (3), including
letters from former program director(s) | _____ |
| <input type="checkbox"/> Certificate/verification form for previous residency training | _____ |
| <input type="checkbox"/> Documentation of passing score for USMLE Step 2 | _____ |
| <input type="checkbox"/> USMLE Step 3 (PGY 2 and above) | _____ |
| <input type="checkbox"/> Copy of Alabama Medical License** | _____ |
| <input type="checkbox"/> Alabama Controlled Substance Certificate (ACSC)** | _____ |
| <input type="checkbox"/> Copy of Federal DEA registration (if applicable)** | _____ |
| <input type="checkbox"/> Valid ECFMG certificate (IMG only) | _____ |

Comments: _____

**** If the resident has more than 18 months of training, proof of having an Alabama License, ACSC, and DEA number is required prior to beginning residency training at UAB.**

RETURNING TO GME - CHECKLIST
Required Information

PROGRAM: _____

PRELIM'S PRIMARY PROGRAM: _____

SS# _____

RESIDENT'S NAME:

APPOINTMENT: (1 year)

Last	First	Middle	Degree	Start Date	End Date	PGY
------	-------	--------	--------	------------	----------	-----

CURRENT ADDRESS:

CURRENT TELEPHONE:

()

Street	Apt. #	City	State	Zip Code
--------	--------	------	-------	----------

REQUIRED DOCUMENTATION FOR EACH RESIDENT

(Check If Attached)

- | | |
|--|-------|
| <input type="checkbox"/> GME Application (must be current within 3 months) | _____ |
| <input type="checkbox"/> Current CV (must be current within 3 months) | _____ |
| <input type="checkbox"/> Copy of letter of offer for this position | _____ |
| <input type="checkbox"/> Letters of recommendation (3), including
letters from former program director(s) | _____ |
| <input type="checkbox"/> Certificate/verification form for previous residency training | _____ |
| <input type="checkbox"/> Copy of Alabama Medical License** | _____ |
| <input type="checkbox"/> Alabama Controlled Substance Certificate (ACSC)** | _____ |
| <input type="checkbox"/> Copy of Federal DEA registration (if applicable)** | _____ |

Verify with GME that we already have the following:

- | | |
|--|-------|
| <input type="checkbox"/> Copy of medical school diploma | _____ |
| <input type="checkbox"/> Copy of medical school dean's letter | _____ |
| <input type="checkbox"/> Documentation of passing score for USMLE Step 2 | _____ |
| <input type="checkbox"/> USMLE Step 3 (PGY 2 and above) | _____ |
| <input type="checkbox"/> Valid ECFMG certificate (IMG only) | _____ |

Comments: _____

**** If the resident has more than 18 months of training, proof of having an Alabama License, ACSC, and DEA number is required prior to beginning residency training at UAB.**

TRANSFER - CHECKLIST
Required Information

PROGRAM: _____

PRELIM'S PRIMARY PROGRAM: _____

SS# _____

RESIDENT'S NAME: _____ **APPOINTMENT: (1 year)**

Last	First	Middle	Degree	Start Date	End Date	PGY
------	-------	--------	--------	------------	----------	-----

CURRENT ADDRESS: _____ **CURRENT TELEPHONE:**
 () _____

Street	Apt. #	City	State	Zip Code
--------	--------	------	-------	----------

REQUIRED DOCUMENTATION FOR EACH RESIDENT

- | | |
|---|----------------------------|
| | (Check If Attached) |
| <input type="checkbox"/> GME Application (must be current within 3 months) | _____ |
| <input type="checkbox"/> Current CV (must be current within 3 months) | _____ |
| <input type="checkbox"/> Copy of letter of offer for this position | _____ |
| <input type="checkbox"/> Certificate/verification form for previous residency training | _____ |
| Verify with GME that we already have the following: | |
| <input type="checkbox"/> Copy of medical school diploma | _____ |
| <input type="checkbox"/> Copy of medical school dean's letter | _____ |
| <input type="checkbox"/> Letters of recommendation (3), including letters from former program director(s) | _____ |
| <input type="checkbox"/> Documentation of passing score for USMLE Step 2 | _____ |
| <input type="checkbox"/> USMLE Step 3 (PGY 2 and above) | _____ |
| <input type="checkbox"/> Copy of Alabama Medical License** | _____ |
| <input type="checkbox"/> Alabama Controlled Substance Certificate (ACSC)** | _____ |
| <input type="checkbox"/> Copy of Federal DEA registration (if applicable)** | _____ |
| <input type="checkbox"/> Valid ECFMG certificate (IMG only) | _____ |

Comments: _____

**** If the resident has more than 18 months of training, proof of having an Alabama License, ACSC, and DEA number is required prior to beginning residency training at UAB.**

UNIVERSITY OF ALABAMA HOSPITAL
VERIFICATION OF PREVIOUS RESIDENCY TRAINING
IN AN ACCREDITED ACGME PROGRAM/SUBSPECIALTY

Doctor's Name: _____

Program/Subspecialty Verified: _____

Program ACGME Approved (circle): Yes No

Dates of Training Verified: _____ to _____

Date: _____

Verifying Institution: _____

Address of Institution: _____

Contact Number: _____

Name: _____

Signature: _____

Title: _____

I hereby authorize you to release information concerning my previous training to:

Program Director
Program
Address of Program
Date
(Program Specific Info)

Resident's Name

Date

GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

Academic Year: July 2012 - June 2013



***University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham***

GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES
ACADEMIC YEAR: JULY 2012 - JUNE 2013
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SECTION I: INTRODUCTION**A. PURPOSE OF GRADUATE MEDICAL EDUCATION (GME)**

The purpose of GME is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's ethical, professional and personal development while ensuring safe and appropriate care for patients.

B. SPONSORING INSTITUTION

Graduate medical education programs (residency and subspecialty programs) must operate under the authority and control of one sponsoring institution. The sponsoring institution must be appropriately organized for the conduct of graduate medical education in a scholarly environment and must be committed to excellence in both medical education and patient care.

C. COMPLIANCE WITH ACGME REQUIREMENTS, POLICIES AND PROCEDURES

The University of Alabama Hospital, as sponsoring institution, must be in substantial compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements and must ensure that its ACGME-accredited programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and specialty-specific Program Requirements. A sponsoring institution's failure to comply substantially with the Institutional Requirements and maintain accreditation will jeopardize the accreditation of all of its sponsored ACGME-accredited programs.

A sponsoring institution and its ACGME-accredited programs must be in substantial compliance with the ACGME Manual of Policies and Procedures for GME Review Committees. Of particular note are those policies and procedures that govern "Administrative Withdrawal" of accreditation, an action that could result in the closure of a sponsoring institution's ACGME-program(s) and cannot be appealed. Program Directors, teaching faculty, and administrative staff should review the ACGME Policies and Procedures located on the ACGME website at www.acgme.org. The ACGME Accreditation Policies and Procedures are provided in Appendix 11 of this manual.

The ACGME Institutional Requirements and Common Program Requirements are also located on the ACGME website and are provided in Appendix 11 of this manual. All program directors, teaching faculty, and administrative staff of ACGME-accredited programs should read and become familiar with these requirements. Specialty-specific Program Requirements and the requirements for certification by the various specialty boards are available on the ACGME's website at www.acgme.org. These accreditation requirements are updated frequently by the ACGME and the ACGME website should be reviewed periodically for the most current requirements in effect.

SECTION II: INSTITUTIONAL RESPONSIBILITIES

A. COMMITMENT TO GRADUATE MEDICAL EDUCATION

The administrative staff, teaching faculty, and medical staff of the University of Alabama Hospital (Hospital), the University of Alabama School of Medicine (UASOM), and UAB Health System are committed to excellence in medical education and providing the necessary educational, financial, and human resources to support graduate medical education (GME). This commitment is demonstrated through the provision of leadership, an organizational structure and resources necessary for the Hospital to achieve substantial compliance with the ACGME Institutional Requirements, implement and develop sponsored programs, and enable its ACGME-accredited programs to achieve substantial compliance with the ACGME Program Requirements.

The Hospital is committed to promoting safe and appropriate patient care and providing an ethical, professional, and educational environment in which the curricular requirements, as well as the applicable requirements for the residents' work environment, scholarly activity, personal development and the general competencies can be met. The regular assessment of the quality of the educational programs, the performance of its residents, the supervision of its residents, and the use of outcome assessment results for program improvement are essential components of the institution's commitment to GME.

B. ADMINISTRATION OF GRADUATE MEDICAL EDUCATION

The institution's system for administration of GME provides the necessary resources to allow for effective oversight of all ACGME-accredited programs. The primary institutional components of this administrative structure are the University of Alabama School of Medicine and University of Alabama Hospital and include a Designated Institutional Official, Graduate Medical Education Department, Dean's Council for Graduate Medical Education, and House Staff Council.

This administrative system ensures institutional officials, administrators, program directors, faculty and residents are provided with the necessary institutional support, ancillary services, and access to adequate communication technologies and technological support. Residents are provided with administrative support and a mechanism for voice in affairs affecting the residents and graduate medical education programs.

The administrative staff of each administrative component is provided in Appendix 1 and a listing of sponsored programs can be found in Appendix 2 of this manual.

1. **University of Alabama School of Medicine:** The Dean, UASOM, has responsibility for the School's affairs and activities related to undergraduate, graduate, and continuing medical education, including the appointment of teaching faculty, in the various disciplines of medicine. All members of the medical staff of the Hospital hold faculty appointments at the UASOM. An Associate Dean is appointed by the Dean to oversee all aspects of the UASOM's affairs related to medical education at all University of Alabama campuses. The Assistant Dean for Graduate Medical Education serves as Chair of the Hospital's graduate medical education committee, the Dean's Council for Graduate Medical Education (DCGME).
2. **University of Alabama Hospital:** The Hospital serves as the primary teaching hospital of the UASOM and as a major academic support unit for other schools dedicated to the training of health care professionals at the University of Alabama at Birmingham. The Hospital is the sponsoring institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham, and the programs located at other campuses of the UASOM sponsoring institution. The Hospital must comply with the ACGME Institutional Requirements and ensure that all ACGME-accredited programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and specialty-specific Program Requirements established by the ACGME and its Residency Review Committees. All ACGME-accredited programs must operate under the authority and control of the Hospital and the Hospital is responsible for the quality of GME even when resident education occurs in other institutions.

- 3. Designated Institutional Official (DIO):** The Chief Executive Officer of the Hospital appoints the Designated Institutional Official. The DIO works in collaboration with the DCGME and has authority and responsibility for oversight and administration of all ACGME-accredited programs. Responsibilities of the DIO include, but are not limited to:
- a) Ensuring and monitoring compliance with the Institutional Common and specialty/subspecialty-specific Program Requirements,
 - b) Oversight of the Graduate Medical Education Department (GMED).
 - c) Serves as Secretary for the DCGME and participates in meetings, activities, and program reviews,
 - d) Serves as liaison for the Hospital and DCGME with program directors, residents, medical staff/teaching faculty, officials of affiliated institutions, and the departments responsible for providing ancillary and support services for the GME programs.
 - e) Reviews and co-signs all program information forms and all correspondence or documents submitted to the ACGME by the program directors that either addresses program citations or requests changes in the programs that would have significant impact, including, financial, on the program or institution. In the DIO's absence, the Chair of the DCGME reviews and co-signs all program information forms and any documents or correspondence submitted to the ACGME by program directors.
 - f) In conjunction with the Chair, DCGME, reports to the medical staffs and the governing bodies of the Hospital and major participating institutions in which the Hospital's GME programs are conducted on issues related to GME, including but not limited to:
 - 1) the activities of the DCGME;
 - 2) resident supervision, responsibilities, evaluation and participation in patient safety and quality of care education;
 - 3) compliance with the duty-hour standards by GME programs, the Hospital, and participating institutions;
 - g) Reports to the DCGME on concerns related to GME voiced by the officials or medical staffs of the Hospital or affiliated institutions; and
 - h) Ensures the medical staff and DCGME communicate about the safety and quality of patient care provided by residents.
- 4. Graduate Medical Education Department (GMED):** The GMED is an administrative support unit for the Hospital, UASOM, DCGME, residency programs, residents affiliated institutions in the administration and oversight of all activities related to graduate medical education. The GMED is under the direction of a Director who reports to the Designated Institutional Official. The GMED serves as a liaison with residency programs, residents, and affiliated institutions, as well as numerous departments responsible for providing ancillary and support services for the graduate medical education programs. Responsibilities of the GMED include, but are not limited to:
- a) Communication of GME policies, procedures, and requirements to program directors, residents and appropriate administrative and support staff;
 - b) Providing counsel and monitoring compliance with GME policies and procedures by programs and residents and reporting on same to the institution and DCGME;
 - c) Maintaining appropriate institutional files on all residents currently in training and those who have completed training in sponsored programs;
 - d) Maintaining appropriate institutional records and statistics for each sponsored program;
 - e) Oversight of facilities and support services provided for residents;
 - f) Providing administrative support to the DCGME, maintaining the official records of the DCGME, and ensuring internal program reviews are scheduled and conducted in accordance with policy;

- g) Providing administrative support to the House Staff Council and maintaining the official records of the Council;
- h) Coordination and oversight of participation in the National Resident Matching Program by the Hospital and residency programs;
- i) Conducting for all new residents appropriate orientation to the Hospital and the institution's policies governing graduate medical education and insuring each resident completes the required paperwork for salary, fringe benefits, and professional liability insurance coverage;
- j) Preparation of educational affiliation agreements, letters of agreement, and annual reimbursement agreements with affiliated institutions participating in the education of residents and maintaining the institutional records on same; and
- k) Preparation and oversight of the expense, capital equipment and revenue budgets for graduate medical education; including timely payment of invoices, monthly billing of affiliated institutions for resident costs, and completion of the annual report for Medicare reimbursement.

5. Dean's Council for Graduate Medical Education (DCGME): The Assistant Dean for Graduate Medical Education, UASOM, serves as the Chair (ex-officio); a member of the Executive Committee serves as Vice Chair (ex-officio); and the Designated Institutional Official serves as Secretary (ex-officio). Regular members of the DCGME are appointed by the Chair for three-year terms, usually commencing in October of each year. Regular members include program directors and members of the medical staff and teaching faculty. The Chair also appoints Program Coordinators for two-year terms, usually commencing in October of each year. Other Ex-officio members include a representative from the Office of the Chief of Staff, UAB Hospital; the Associate Chief of Staff for Education, Birmingham Veterans Affairs Medical Center; the officers of the House Staff Council and residents appointed to subcommittees. Regular and ex-officio members are voting members. The Chair, DCGME, may form subcommittees based on the need to address specific issues relating to graduate medical education. The composition of such subcommittees may include members of the DCGME and/or non-members with expertise in the area under consideration. The DCGME meets on a monthly basis, and minutes and detailed records are kept of each meeting and are available for inspection by accreditation personnel. The DCGME will report to the Chief Executive Officer, UAB Hospital; the Dean, UASOM; and the Chief Executive Officer, UAB Health System. The DCGME works in collaboration with the DIO and has authority and responsibility for the oversight and administration of all ACGME-accredited programs. Responsibilities of the DCGME include, but are not limited to:

- a) Establish and implement policies and procedures regarding the quality of education and work environment of the residents in all ACGME-accredited programs;
- b) Review annually and make recommendations to the Sponsoring Institution on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair;
- c) Establish and maintain appropriate communication with program directors and assure that program directors establish and maintain effective communication mechanisms with the site directors at each participating institution for their respective programs to maintain proper oversight at all clinical sites at other institutions participating in ACGME-accredited programs sponsored by the Hospital;
- d) Review and approval of proposals for new educational affiliation agreements to assess the educational content of the rotation, qualifications of the supervising physician(s), resident supervision and working conditions, Joint Commission accreditation status, and compliance with the terms of the agreement and the requirements as set forth in the applicable Program Requirements;
- e) Establish and implement formal written policies and procedures governing resident duty hours to assure compliance with the Institutional, Common and specialty/subspecialty-specific Program Requirements;

- 1) Develop and implement procedures to regularly monitor resident duty hours for compliance with the Sponsoring Institution's policies and the Institutional, Common and specialty/subspecialty-specific Program Requirements;
 - 2) Develop and implement written procedures to review and endorse requests from programs, prior to submission to the RRC, for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours in compliance with the ACGME policies and procedures for duty-hour exceptions;
- f) Communicate with the leadership of the Medical Staff regarding the safety and quality of patient care that includes the description of resident participation in patient safety and quality of care; the accreditation status of programs and any citations regarding patient care issues.
 - g) Assure that ACGME-accredited programs provide appropriate supervision for all residents that is consistent with the provision of safe and effective patient care; the educational needs of residents; the applicable Common and specialty/subspecialty-specific Program Requirements. The supervision should give progressive responsibility appropriate to resident's level of education, competence and experience.
 - h) Assure that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the ACGME general competencies as defined in the Institutional Requirements, Common and specialty/subspecialty-specific Program Requirements;
 - i) Establish and implement formal written institutional policies for the selection, evaluation, promotion, transfer, discipline and/or dismissal of residents in compliance with the ACGME Institutional Requirements and Program Requirements;
 - j) Regularly review all ACGME program accreditation letters of notification and monitor action plans for the correction of concerns and areas of noncompliance;
 - k) Regularly review the Sponsoring Institution's Letter of Report from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance;
 - l) Review program changes of the following for approval prior to submission to the ACGME by the Program Directors:
 - 1) all applications for ACGME accreditation of new programs and subspecialties;
 - 2) changes in resident complement;
 - 3) major changes in program structure or length of training;
 - 4) additions and deletions of participating institutions;
 - 5) appointments of new program directors;
 - 6) progress reports requested by any Review Committee;
 - 7) responses to all proposed adverse actions;
 - 8) requests for exceptions of resident duty hours;
 - 9) requests to reactivate a program;
 - 10) voluntary withdrawals of ACGME-accredited programs;
 - 11) requests for an appeal of an adverse action; and,
 - 12) appeal presentations to a Board of Appeal or the ACGME.
 - m) Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common and specialty/subspecialty-specific Program Requirements including: a) Approval prior to submission to the ACGME and/or respective Review Committee, b) adhering to procedures for "Approving Proposals for experimentation or Innovative Projects" in ACGME Policies and Procedures and c) monitoring the quality of education provided to residents for the duration of such a project.
 - n) Oversight of all processes related to the reductions and/or closures individual programs, major participating institutions, and the Sponsoring Institution.
 - o) Assure provision of a statement or institutional policy that addresses interactions between vendor representatives/ corporations and residents/GME programs.

- p) Development, implementation, and oversight of the internal review process and conducting internal reviews of all ACGME-accredited programs, in accordance with the requirements for the internal review process established by the ACGME:
 - a) Each sponsored program must undergo internal review at approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.
 - b) The DCGME will select a review team for each program comprised of individuals from departments and/or programs other than the program under review. The review team will include at a minimum a faculty reviewer, resident reviewer, and administrative reviewer.
 - c) Each reviewer will receive records on the program relevant to the review which will include:
 - (1) ACGME Institutional Requirements
 - (2) ACGME Common Program Requirements
 - (3) ACGME specialty/subspecialty- specific Program Requirements
 - (4) Most recent ACGME accreditation letter of notification and any progress reports submitted at the request of the ACGME RRC
 - (5) Most recent internal review report and any progress reports submitted at the request of the DCGME
 - (6) Other correspondence to and from the RRC since the last site visit
 - (7) Previous annual program evaluations
 - (8) Summary report of responses to confidential Resident Questionnaire
 - (9) Supplemental report completed by the Program Director
 - d) Following a review of the program's records, interviews are conducted with the program director, key faculty members, at least one peer-selected resident from each level of training in the program, and any other individuals deemed appropriate by the review team and/or DCGME.
 - e) Each internal review will be conducted in accordance with the "Internal Review Protocol" approved by the DCGME and will include an assessment of the following:
 - (1) Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements;
 - (2) professionalism, personal responsibility and patient safety
 - (3) transitions of care
 - (4) alertness management/fatigue mitigation
 - (5) supervision of residents
 - (6) clinical responsibilities
 - (7) teamwork
 - (8) resident duty hours
 - (9) the educational objectives of each program;
 - (10) the effectiveness of each program in meeting its objectives;
 - (11) the educational and financial resources to support the program;

- (12) the effectiveness of the program in addressing areas of noncompliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
 - (13) the effectiveness of educational outcomes;
 - (14) the effectiveness of the program in using evaluation tools to assess a resident's level of competence in each of the ACGME general competencies;
 - (15) the effectiveness of each program in using outcome measures to assess a resident's level of competence in each of the ACGME general competencies; and
 - (16) the effectiveness of each program in implementing a process that links educational outcomes to annual program improvement efforts in resident performance using aggregated resident data, faculty development, graduate performance including performance of program graduates on certification examinations and program quality.
- f) Each member of the review team will prepare a written report of his/her assessment of the program following the guidelines provided in the Internal Review Protocol. The members of the review team and the program director attend a meeting of the DCGME where the reviewer's reports are presented and the program director is given the opportunity to respond to questions from the DCGME and provide additional information relevant to the review. A final report of the review is prepared which incorporates each reviewer's assessment of the program and the recommendations/actions taken by the DCGME. The final report must include the following information:
- (1) the name of the program reviewed and the date the written report is initially presented to and reviewed by the DCGME;
 - (2) the names and titles of the members of the review team;
 - (3) a brief description of how the review process was conducted and the groups/individuals who were interviewed and the documents reviewed;
 - (4) sufficient documentation or discussion of the relevant Program Requirements and the Institutional Requirements to demonstrate that a comprehensive review was conducted and followed the DCGME's internal review protocol;
 - (5) a list of the citations and areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution addressed each item;
- g) Reports from the most recent internal review for each training program must be submitted as a part of the Institutional Review Document. During the review of individual programs by the ACGME RRCs, these reports must not be shown to the ACGME site visitor or specialist site visitors, who only will ascertain that an internal review was completed. If the institutional site visitor simultaneously conducts individual program reviews at the same time as the institutional review, the internal review reports must not be shared with the site visitor.

6. **House Staff Council:** The House Staff Council consists of a President, Vice President, Secretary-Treasurer, and representatives from each residency program sponsored by the Hospital. Resident representatives are appointed by the program directors and officers are elected by the Council annually. All programs (including subspecialty residency programs) are invited to appoint a representative. The House Staff Council provides residents with a system to communicate and exchange information on their work environment and their programs. The Council meets on a monthly basis, and the meetings are attended by the Designated Institutional Official and a member of the Graduate Medical Education Department. The Graduate Medical Education Department provides administrative support to the Council. The officers of the Council

serve as voting members of the Dean's Council for Graduate Medical Education. Responsibilities of the House Staff Council include, but are not limited to:

- a) To serve as the resident advocate and the resident voice throughout UAB Hospital, the UAB campus, the Birmingham community, and the state of Alabama.
- b) To provide house staff representation as it pertains to UAB affairs.
- c) To promote educational resources for residents, education of GME policies and procedures, and interaction among both medical staff and hospital administration.
- d) To re-evaluate/reinforce the policies and procedures of GME at UAB.
- e) To allow the residents an opportunity to communicate and exchange information about their various working environments and corresponding educational programs.
- f) To establish and implement fair institutional policies and procedures for academic or other disciplinary actions taken against residents.

C. INSTITUTIONAL AGREEMENTS AND PARTICIPATING INSTITUTIONS

The Hospital must retain responsibility for the quality of graduate medical education even when resident education occurs in other institutions. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives, and should provide resources not otherwise available to the program. Assignments to participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the program's goals and objectives and peer activities.

All assignments for resident education at sites other than the Hospital must be reviewed and approved by the DIO and DCGME prior to initiation of the rotation. It is the responsibility of the program director to notify the Hospital, through the DIO and/or GMED, and the appropriate ACGME Residency Review Committee of the addition or deletion of institutions utilized by the program for resident education.

The Hospital utilizes a standardized educational affiliation agreement that details the terms, conditions, and responsibilities of the Hospital and affiliated institution, and those that generally apply to all programs and residents utilizing the affiliate. All educational affiliation agreements and program letters of agreement must be processed by the GMED. Agreements prepared by other entities that are not in the required format and do not contain the required elements are invalid for purposes of resident education.

Generally, an educational affiliation agreement is required for rotations at sites other than the Hospital if the duration of the rotation is one month or greater and/or is a recurring assignment required as a part of the program's curriculum. In addition to the educational affiliation agreement, a program letter of agreement is required for each program and service assignment at an affiliated institution. This letter meets the requirements for a Program Letter of Agreement as outlined in the ACGME Common Program Requirements. Letters of agreement may be used for elective rotations. Letters of agreement must be signed by the program director, resident's supervising physician at the affiliate, and the DIO.

D. ACCREDITATION FOR PATIENT CARE

All institutions participating in ACGME-accredited programs should be accredited by the Joint Commission, if such institutions are eligible.

1. If a participating institution is eligible for Joint Commission accreditation and chooses not to undergo such accreditation, then the institution should be reviewed by and meet the standards of another recognized body with reasonably equivalent standards.
2. If a participating institution is not accredited by the Joint Commission, it must be accredited by another entity with reasonably equivalent standards; accredited by another entity granted "deeming authority" for participation in Medicare under federal regulations; certified as complying with the conditions of participation in Medicare set forth in federal regulations; or provide a satisfactory explanation of why accreditation has not either been granted or sought.

3. If an institution loses its Joint Commission accreditation or recognition by another appropriate body, the University of Alabama Hospital will notify the Institutional Review Committee (IRC) in writing with an explanation within thirty days and provide a plan of response.

E. QUALITY ASSURANCE AND PATIENT SAFETY

The UAB Health System oversees organizational performance improvement and quality assurance activities through the UAB Health System Quality Council. The council maintains current knowledge about quality concepts, sets priorities for hospital-wide performance improvement activities, provides for communication of priorities, allocates resources for quality initiatives and ensures training of the hospital staff. Residents receive an overview during new resident orientation.

The Hospital is committed to providing structured processes to facilitate continuity of care and patient safety while minimizing the number of transitions in patient care.

Responsibility for the education and inclusion of residents in the quality assurance activities specific to the department and/or clinical service is delegated to the program director. In addition, the program director must design clinical assignments to minimize the number of transitions in patient care; ensure and monitor effective structured hand-over processes to facilitate both continuity of care and patient safety and ensure that residents are competent in communicating with team members in the hand-over process. Teaching services are expected to provide information regarding schedules of the residents and teaching faculty assigned to the respective teams of trainees to all members of the healthcare team as well as to the paging services.

SECTION III: INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS

A. RESIDENT ELIGIBILITY AND REQUIREMENTS FOR RESIDENCY TRAINING

It is the responsibility of the program director to ensure all applicants under consideration for residency training in the program meet the eligibility requirements of the Hospital and the Accreditation Council for Graduate Medical Education (ACGME) detailed below. The enrollment of non-eligible residents may be cause for withdrawal of accreditation of the program by the ACGME. Only applicants who meet the following qualifications are eligible for appointment to accredited residency programs sponsored by the Hospital:

1. **Medical Education:** Only applicants who meet one of the following criteria may be accepted for residency training in accredited programs sponsored by the Hospital:
 - a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b) Graduates of colleges of osteopathic medicine in the United States and Canada accredited by the American Osteopathic Association (AOA).
 - c) Graduates of medical schools outside the United States and Canada (foreign medical graduate, FMG) must possess a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), or, have a full unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are training.
 - d) Graduates of medical schools outside the United States, who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
2. **Entry of Foreign-Born Medical Graduates to the United States:** The entry of foreign-born graduates of non-U.S. medical schools to the United States is governed by the U.S. Citizenship and Immigration Services (USCIS). It is a violation of federal law to provide employment to a non-U.S. citizen who does not hold an appropriate visa, or other appropriate work authorization documents from the USCIS.
 - a) Residency program directors considering foreign-born applicants should carefully review the applicant's visa status to ensure the applicant holds a visa valid for graduate medical education [exchange visitor (J-1), temporary worker (H-1B), or immigrant visa]. International medical graduates must also hold a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).
 - b) Residency program directors may choose which visa types to accept and must communicate it to applicants.
 - c) International Scholar and Student Services (934-3328) must be notified of all non-US citizens accepted for residency training. International Scholar and Student Services will ensure the resident holds an appropriate visa and assist in processing the paperwork required for visas for residency training at UAB.
3. **Prerequisite Residency Training:** All applicants must satisfy any requirements for prerequisite residency training, as established by the relevant Residency Review Committee and/or certifying board for the specialty.
 - a) If a program director wishes to recruit an applicant who does not meet the criteria established for prerequisite training, written approval to appoint the applicant as a resident must be obtained from the Residency Review Committee and/or certifying board.
4. **Resident Transfer:** If a resident transfers from a residency program at another institution, the following is needed: a) written permission from the Program Director that the resident has authorization to contact our institution, b) review of competency-based evaluations from the transferring institution, c) verification of the previous educational experiences and a statement regarding the resident's performance evaluation must be received prior to acceptance into a UAB residency program
5. **Physical Examination:** All newly-appointed residents must complete and pass an employment physical examination, as required by the State Health Department, within 30 days of the date of employment (see Section V.D. for details).

6. **United States Medical Licensing Examinations (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX):** All residents must comply with the requirements for passing USMLE Steps 2 and 3 or COMLEX Levels 2 and 3 as outlined in Section V.J. and V.K. of this manual.
7. **Alabama Medical License:** All residents must obtain an unrestricted Alabama license to practice medicine as soon as they meet the minimum postgraduate training requirements stipulated by the Alabama Board of Medical Examiners (see Section V.L. for details).

B. SELECTION OF RESIDENTS

1. Programs should select from among eligible applicants on the basis of residency program-related criteria such as preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, veteran status, or any other applicable legally protected status.
2. The program director, in conjunction with the program's Education Committee and/or teaching faculty, reviews all applications, and personal interviews are granted to those applicants thought to possess the most appropriate qualifications, as determined by guidelines established by the program.
3. Each applicant who is invited for an interview must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment, including financial support; vacation; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which call rooms, meals, laundry services, or their equivalents are to be provided.
4. In selecting from among qualified applicants, it is strongly recommended that all programs participate in an organized matching program when such is available for the specialty.
 - a) Programs who recruit U.S. medical school seniors must participate in the National Resident Matching Program.
 - b) The program director is responsible for verifying the eligibility of all candidates under serious consideration prior to the submission of rank order lists or other offer of a residency position.
5. An offer for residency training is extended directly to the applicant by the program director, or his/her designee, through a letter of offer.
6. Immediately following receipt of the results of the Match or the acceptance of an offer for residency training, the program director is responsible for notifying the Graduate Medical Education Department of all candidates accepted and providing a copy of each applicant's file for the Hospital's permanent record. Each resident's file must include the following:
 - a) Copy of the completed "Application for Graduate Medical Education",
 - b) Documentation of completion of medical school (copy of medical school diploma, dean's letter),
 - c) Documentation of any previous residency training (copy of certificate issued, letter of recommendation from program director),
 - d) Copies of three letters of recommendation,
 - e) Copy of Alabama medical or dental license (if applicable),
 - f) Current mailing address,
 - g) Inclusive dates of appointment,
 - h) Postgraduate year of appointment, and
 - i) Salary source, if other than Hospital funds.

C. RESTRICTIVE COVENANTS

The Hospital and its sponsored programs cannot require residents to sign a non-competition guarantee.

D. RESIDENT AGREEMENT OF APPOINTMENT

1. An "Initial Resident Agreement" must be completed for all residents upon entry into a residency program and a "Resident Renewal Agreement" for each year of training thereafter. The agreement must be signed by the resident, program director, and Designated Institutional Official and the original agreements maintained as a part of the Hospital's permanent records.
2. A UAB Health System Medical and Dental Staff Code of Conduct for Professional Behavior Acknowledgment Form must be signed by the resident and submitted along with the "Initial Resident Agreement" and each "Resident Renewal Agreement."
3. Any resident who is not to be reappointed at the end of the contract year should be notified in writing by the program director at least four months in advance. However, if the primary reason for the nonrenewal occurs within the four months prior to the end of the agreement, the notice of nonrenewal may be sent less than four months in advance of the nonrenewal. Any resident receiving notice of intent to not renew his/her contract may request a hearing as outlined in Grievance Procedures, Section XI.C.
4. Any resident who elects to not renew his contract for residency training must provide the program director with written notice four months prior to the end of the current contract year. However, if the primary reason for the nonrenewal occurs within the four months prior to the end of the agreement, the notice of nonrenewal may be sent less than four months in advance of the nonrenewal.

E. INITIAL RESIDENT APPOINTMENT (Contract)

The following guidelines and procedures shall govern the appointment of physicians to graduate medical education programs sponsored by the Hospital:

1. The appointment of a physician to a residency position shall be for the sole purpose of pursuing postgraduate medical education.
2. The initial appointment shall be for one year and is made upon recommendation of the program director with approval of the Designated Institutional Official.
3. The resident must be appointed to the postgraduate year for which he/she is qualified as specified by the certifying board of the specialty. Previous postgraduate training in another specialty will not be taken into consideration unless such training is credited by the certifying board of the specialty of enrollment. The Graduate Medical Education Department must be provided with a letter from the certifying board which indicates the number of months or years credit that will be given before a resident's postgraduate year can be adjusted.
4. A physician appointed to a residency position without compensation must demonstrate health insurance coverage substantially equivalent to that offered by the institution, obtain professional liability insurance through the UAB Office of Risk Management and Insurance, and comply with all requirements and conditions for employment outlined in this manual. Such appointment must be approved in advance by the Designated Institutional Official of the Hospital.
5. The program director, or his/her designee, is responsible for initiating the personnel form required for the appointment of a resident. The completed personnel form ("Oracle document"), and resident contract ("Initial Resident Agreement") must be forwarded to the Graduate Medical Education Department for Hospital review and approval. A resident's appointment is contingent upon receipt of a completed Resident Agreement and resident compliance with requirements outlined in Section III.A. and Section V. of this manual.
6. A foreign medical graduate (FMG) appointed to a residency position must meet all applicable educational requirements, possess a visa which permits participation in a graduate medical education program, possess a valid ECFMG certificate, and meet the licensure requirements of the State of Alabama. These documents must be reviewed and found to be in order by the

Graduate Medical Education Department prior to the commencement of any medical activity within the Hospital.

7. Privileges granted to the resident shall be commensurate with the training, experience, competence, judgment, character, and current capability of the individual. The evaluation shall be determined by the program director of the applicable clinical department. The Executive Director shall confer on the resident only such privileges as are specified by the director of the program concerned. The curtailment of, or imposition of limitation on existing privileges shall carry with it the right of the individual to petition for a hearing as provided in these policies.
8. A UAB Health System Medical and Dental Staff Code of Conduct for Professional Behavior Acknowledgment Form must be signed by the resident and submitted along with the "Initial Resident Agreement."

F. PROMOTION/ADVANCEMENT OF RESIDENTS

1. The promotion/advancement of a resident from one postgraduate level to another in a graduate medical education program generally occurs following the satisfactory completion of each 12-month period of graduate medical education.
2. Such promotion/advancement is made upon recommendation by the program director and is regarded as the same process as the initial appointment award.
3. For each resident advanced, the program director is responsible for completing the appropriate personnel form ("Oracle document") indicating the change in postgraduate year, dates of appointment, and adjustment in salary. The personnel form must be routed to the Graduate Medical Education Department for Hospital review and approval.
4. A resident contract ("Resident Renewal Agreement") signed by the resident and program director must be completed and forwarded to the Graduate Medical Education Department for Hospital review and approval.
5. A UAB Health System Medical and Dental Staff Code of Conduct for Professional Behavior Acknowledgment Form must be signed by the resident and submitted along with the "Resident Renewal Agreement."
6. As a condition of promotion/advancement, the resident is responsible for completing all mandatory education required by the Sponsoring Institution (i.e., compliance training, The Joint Commission education, etc.) and obtaining a TB skin test each year as outlined in Section V. "Resident Responsibilities and Conditions of Appointment."
7. The GME Office will verify that the resident has completed all mandatory education required by the Sponsoring Institution and that current TB skin test results are available in Employee Health before submitting the contract to the DIO for approval.

G. COMPLETION OF RESIDENCY TRAINING

1. The program director, or designated program personnel, is responsible for completing the appropriate personnel form for each resident completing a program and leaving the employ of the Hospital or being appointed to another position, such as a faculty or fellowship position. A forwarding address must be provided for the resident, and the appropriate personnel form routed to the Graduate Medical Education Department for Hospital review and approval.
2. The program director shall complete and submit to the Graduate Medical Education Department a final, written summary evaluation for each resident completing the program, which will be maintained in the institution's permanent records.
3. As a condition of completion of residency training, the resident is responsible for completing all mandatory education required by the Sponsoring Institution (i.e., compliance training, The Joint Commission education, etc.) and obtaining a TB skin test each year as outlined in Section V. "Resident Responsibilities and Conditions of Appointment."
4. The Hospital shall issue a certificate of training to each resident completing a program leading to certification by the American Board of Medical Specialties. It is the responsibility of the program

director to certify a resident as having satisfied the training requirements of a program and as being eligible to sit for the certifying examination of the specialty.

- 5.** The Hospital shall issue a certificate of training to each resident serving as chief resident.

SECTION IV: FINANCIAL SUPPORT AND BENEFITS**A. ALLOCATED RESIDENCY POSITIONS**

Each residency program funded by the Hospital is approved for an allocated number of positions by the DCGME. The DCGME imposed a freeze on residency positions at the number enrolled in each program on October 1, 1997. Any request for residency positions in excess of the allocated number must be approved by the Chief Executive Officer of the Hospital. The following policies are to be followed by program directors in the appointment and promotion of residents:

1. The number of residents appointed to an ACGME-accredited program may not exceed the maximum number of residents established for the program by the Residency Review Committee.
2. The number of hospital-funded residents in each program will not exceed the maximum number of positions allocated to the program by the Hospital.
3. Hospital funding for individual residents is limited to the number of postgraduate years required for board eligibility in the specialty or subspecialty of enrollment for which board certification is offered.
 - a) Hospital funding for non-University Hospital, non-reimbursed, elective rotations will be limited to one, one-month, non-reimbursed elective rotation per resident throughout all years of the program.
 - b) Hospital funds may not be used to fund research and/or clinical training which exceeds the training required or permitted for Board eligibility. A resident who completes the training requirements for Board eligibility and remains in a program to complete additional training must be removed from resident status and Hospital payroll.
4. Funding for residency positions is not cumulative. Funds initially allocated for resident positions that are not used in a given year are not available to fund resident positions in a subsequent year.
5. No resident or program may bill in the resident's name for any professional service provided by the resident within the scope of the residency program.

B. DOWNSIZING/CLOSURE OF RESIDENCY PROGRAMS

In the event the Sponsoring Institution decides to close or reduce the size of a residency program, the Sponsoring Institution will inform the Dean's Council for Graduate Medical Education, the DIO and the residents as soon as possible when it intends to reduce the size of or close one or more programs or when the Sponsoring Institution intends to close. The residents enrolled in the program will be notified of the decision in writing as soon as possible. Every effort will be made to allow residents enrolled in the program to complete their training. Should circumstances prevent this, the program director and institution will provide the residents with assistance in securing positions in ACGME-accredited programs in which they may continue their education.

C. CONTINUATION OF GME SUPPORT IN THE EVENT OF A DISASTER

The Sponsoring Institution in conjunction with the ACGME is committed to assisting in reconstituting and restructuring residents' educational experiences as quickly as possible after a disaster. Following the declaration of a disaster, the DIO, Dean's Council Chair, and Associate Dean for Medical Education, will determine in conjunction with the Program Directors, whether existing educational and training programs can continue with or without restructuring in the Sponsoring Institution; or whether temporary or permanent transfer of residents to another institution will be necessary.

In the event, or set of events, causing significant alteration to the residency experience at one or more residency programs, the ACGME Executive Director will make a declaration of a disaster and a notice will be posted on the ACGME website with information relating to the ACGME's response to the disaster.

Within 10 days after the declaration of a disaster, the DIO and Dean's Council Chair will contact the ACGME to discuss and establish due dates for the following: a) deadlines to submit program

reconfiguration requests to ACGME and b) deadlines to inform each program's residents of the plans. The deadlines should be no later than 30 days after the disaster, unless other due dates have been approved by the ACGME.

1. Communication

- a) It is the responsibility of every individual (faculty, staff, and residents) to ensure that his/her personal contact information is current and on-file with the residency program and the GME Office. This includes cell phone number, emergency contact person and outside e-mail address if possible.
- b) In the event of a disaster involving the Sponsoring Institution and its residency programs, each individual has the responsibility to monitor the UAB SOM and GME websites for specific instructions.
- c) The ACGME website will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. The ACGME website will provide instructions for changing resident email information on the ACGME Web Accreditation Data System (ADS).

1. The DIO, Dean's Council Chair and Associate Dean for Graduate Medical Education should call or email the Institutional Review Committee Executive Director with information and/or requests;

2. The Program Directors should call or email the appropriate RRC Executive Director with information and/or requests;

3. Residents should call or email the appropriate RRC Director with information and/or requests.

2. Resident Transfers

If a program cannot provide at least an adequate educational experience for each of its residents because of a disaster it must arrange either a temporary transfer for each of its residents, or assist the residents in permanent transfers to other ACGME-accredited programs in which they can continue their education.

a) Temporary Transfer

1. A temporary transfer is defined as an assignment or rotation that will not continue for the duration of the resident's training.
2. To initiate a temporary transfer, a Program Letter of Agreement for Elective Rotations should be completed for residents rotating to programs at other institutions with the following signatures: Program Director, DIO and Supervising Physician. The Program Letter of Agreement can either be faxed or e-mailed to the host institution if U. S. mail is significantly delayed in our area. Confirmation from the host institution must be received before the temporary transfer is approved.
3. Residents who temporarily transfer to other institutions remain employees of the Sponsoring Institution and continue to receive their paycheck through the current electronic deposit mechanism. No interruption is anticipated.

b) Permanent Transfer

1. A permanent transfer is defined as an assignment that will continue for the duration of the resident's training. The resident will no longer be enrolled in a residency program at the Sponsoring Institution.
2. To initiate a permanent transfer, the resident sends a written request for a permanent transfer to the Program Director. The name of the program accepting the resident should be stated.
3. Residents who permanently transfer to other institutions will not remain employees of the Sponsoring Institution and will not continue to receive a paycheck from this Sponsoring Institution.

D. SALARIES

Salaries for each postgraduate year are based on the budget of the Hospital, with approval by the DCGME. Periodic analysis of national and regional trends is performed and resident salaries adjusted, when necessary and in accordance with Hospital policy, to ensure salaries are competitive with those in the region. Following approval by the DCGME, the residency programs are notified of the salaries for the academic year beginning July 1. Residents are paid on the last working day of each month, in accordance with University policy, and receive their checks by direct deposit into their accounts. A statement indicating all deductions, gross and net pay and year-to-date salary information is available electronically to each resident in the Oracle system. The following policies have been established and should be used as guidelines by program directors in determining the salary level for a resident:

1. Residents in all programs at like levels of training must be paid in accordance with the salary set by the Hospital for the postgraduate year of training.
2. No resident may be paid less than or in excess of the base salary set by the Hospital for the postgraduate year of training. The program director must submit written justification and obtain prior approval from the Designated Institutional Official for any salary supplement paid to a resident. A salary supplement must be consistent with extra duties being performed by the resident, and will not be paid by the Hospital.

E. FRINGE BENEFITS

A comprehensive benefits program is provided for residents enrolled in graduate medical education programs. Fringe benefits are funded by the Hospital, or other source of salary support, and provide residents with health insurance, life insurance, accidental death and dismemberment insurance, flexible spending accounts, long-term disability insurance, unemployment compensation insurance, and an on-the-job injury/illness program. Benefits are paid in full by the institution or provided on a cost-shared basis. Additional optional benefits offered at the residents' expense include dental insurance, group life insurance, accidental death and dismemberment insurance, and participation in a TIAA/CREF 403(b) retirement plan. A brief description of these benefits follows. Residents requiring more detailed information or those wishing to enroll in a particular plan should contact the UAB Benefits Office at (205) 934-3458, or visit the Benefits website at <http://www.hrm.uab.edu/main/benefits/index.html>

1. **Health Insurance:** Residents may choose single or family coverage under one of three group medical insurance plans offered by the University: VivaUAB, VivaHealth, or Blue Cross. Residents are eligible for enrollment during the first thirty-one (31) days of employment. Coverage can begin either on the resident's hire date or the first of the following month, whichever the resident chooses. Enrollment or change in coverage thereafter is limited to the period of open enrollment, or within thirty-one (31) days following marriage, divorce, legal separation, or becoming ineligible for coverage under a spouse's insurance plan. Medical insurance is provided on a cost-shared basis, with the Hospital paying the major portion of the premium. Premiums are tax-sheltered, paid monthly, and are paying for the current month's coverage. The residents' cost, effective January 1, 2012, for each of the three plans is as follows:

20121 Monthly Health Insurance Rates

	<u>Employee</u>	<u>Employee + up to 2</u>	<u>Family</u>
VivaUAB	58.26	193.64	292.00
VivaAccess	120.58	337.26	500.02
Blue Cross/PMD	227.48	602.50	927.12

- 2. Dental Insurance:** Coverage is offered through MetLife. Residents may select from two coverage options: basic and comprehensive. Under the basic plan, diagnostic and preventive services are paid at 90% usual, customary, reasonable (UCR) and are subject to a \$25 deductible. The comprehensive plan covers major services at 60% UCR subject to the deductible. Orthodontics is covered at 50% UCR up to \$1,000 lifetime maximum per patient. The residents' cost, effective January 1, 2012, for the two options is as follows:

2012 Monthly Dental Insurance Rates

	<u>Employee</u>	<u>Employee + up to 2</u>	<u>Family</u>
MetLife Basic Plan	19.04	35.50	48.94
Metlife Comprehensive Plan	35.66	66.26	91.02

- 3. Vision Coverage:** Coverage is offered through Vision Service Plan (VSP). The VSP plan offers coverage for routine eye exams, lenses and frames, contacts and discounts for LASIR eye surgery. VSP is a nationwide plan that offers both in-network and out-of –network coverage. UAB Eye Care, the University Optometric Group (private faculty practice group at UAB) and the UAB Dept. of Ophthalmology- Ophthalmology Services Foundation all participate in the VSP network. The residents' cost, effective January 1, 2012 is as follows:

2012 Monthly Vision Plan Rates

	<u>Employee</u>	<u>Employee + up to 2</u>	<u>Family</u>
Vision Service Plan (VSP)	7.68	15.42	24.44

4. **Life Insurance:** Group term life insurance is provided for salaried residents throughout residency training. The premiums are paid by the Hospital, and the amount of coverage is determined by the salary level as follows:

<u>Salary</u>	<u>Benefit</u>
Up to - \$11,999	\$22,500
\$12,000 - \$17,999	\$25,200
\$18,000 - \$23,999	\$30,000
\$24,000 - \$29,999	\$37,500
\$30,000 - \$39,999	\$50,000
\$40,000 and above	125% of salary with maximum coverage of \$300,000.

5. **Voluntary Life Insurance Program:** Additional life insurance coverage is available through the University's voluntary life insurance program. A resident may purchase maximum coverage equal to five times his/her Basic Annual Earnings in \$50,000 increments to a maximum of the lesser of five times Basic Annual Earnings or \$1.4 million. , with a guaranteed issue for the resident of three times the Basic Annual Earnings or \$500,000. Must be elected during the first 60 days of employment without evidence of insurability.
6. **Accidental Death and Dismemberment Insurance (AD&D):** The Hospital provides an accidental death and dismemberment insurance policy for all salaried residents with a benefit of \$22,500 for accidental death. Dismemberment coverage varies.
7. **Voluntary Accidental Death and Dismemberment Insurance:** Residents may purchase up to \$500,000 additional coverage through the University's voluntary AD&D program.
8. **Long-Term Disability Insurance:** The Hospital provides long-term disability insurance (salary continuation) for salaried residents. The plan covers disability resulting from either accident or illness, sustained on or off the job, lasting more than 90 days. When a covered employee meets the definition of a disability, there is a 90 day waiting period before benefits can be paid. After the waiting period is met, the disabled employee will receive 66 2/3 % of their monthly salary (not to exceed \$10,000 per month) for the first 90 days. The benefit will then be reduced to 60 % of their monthly salary (not to exceed \$ 10,000 per month). This benefit may be further reduced by other benefits to which the employee may be entitled under (1) Social Security, (2) any state disability law, or (3) any other employer-sponsored plan including any disability or early retirement benefits actually received under the state retirement plans(s). You may apply for a conversion policy within 31 days from the date your coverage terminates by contacting the UAB HR Benefits Office.
9. **Voluntary Retirement Plan:** Residents are eligible to participate in the University's TIAA/CREF 403(b) annuity program on an unmatched, tax sheltered basis. The program offers a choice as to the distribution of the total deposit to be placed in TIAA (fixed annuity), CREF (variable annuity), and CREF (mutual funds). Resident contributions are 100% vested from enrollment date. Tax-sheltered contributions are subject to IRS maximum limits.
10. **Flexible Spending Accounts:** Residents may establish pretax reimbursement accounts administered by Blue Cross and Blue Shield of Alabama (BCBS) for eligible medical and dependent care expenses up to \$10,000 annually in a health care account. Enrollment is direct through the UAB Benefits Office within 31 days from date of hire, qualifying life event, or during an announced "Open Enrollment" period.
11. **Voluntary Long-Term Care:** Residents may elect coverage which provides benefits for an array of services including home health care, assisted living facility care, adult daycare, and respite care. To enroll in the plan call MetLife at 205-970-9782 ext. 157 or ext 130. You may also visit their web page at <http://www.uabltc.com/>.

F. PROFESSIONAL LIABILITY INSURANCE

Residents are provided with professional liability (malpractice) coverage throughout residency training, and the premiums are paid by the source of salary support. Coverage is provided through the University of Alabama Professional Liability Trust Fund (PLTF), administered by the UAB Office of Risk Management and Insurance. Coverage, consistent with that provided for other medical and professional practitioners, consists of at least \$1,000,000 per incident and \$3,000,000 annual aggregate. This coverage provides for legal defense and protection during and after completion of residency training against claims and lawsuits occurring during the period of residency training, if the alleged acts or omissions are within the scope of the educational program. All residents must comply with the following:

1. Newly-appointed residents must complete an application for professional liability insurance during the Hospital's orientation for new residents. This form is submitted to the Graduate Medical Education Department for review and is then forwarded to the Office of Risk Management and Insurance for the permanent record. The resident will receive a certificate of coverage from Risk Management for his/her permanent record.
2. Any change in the status of a resident must be reported to the Graduate Medical Education Department to ensure proper change in coverage. Such changes include a change in address, dates of appointment, employment status or title, specialty, scope of privileges granted, or leave of absence. During a leave of absence, the resident will not be covered by professional liability insurance.
3. Residents must contact the Office of Risk Management and Insurance immediately to report any incident which may be construed as professional malpractice, if they are contacted by an attorney in regard to a claim, or if they receive a subpoena for court appearance or records.
4. Residents **are not covered** under the UAB PLTF **for moonlighting activities at institutions other than UAB Hospital**, and are responsible for obtaining coverage for activities outside the scope of the residency training program. For more information on moonlighting, see Section V.N.
5. Residents from other institutions performing rotations on services at UAB must provide the Graduate Medical Education Department with proof of professional liability coverage for their educational activities at UAB.

G. ANNUAL LEAVE

All leave taken is at the discretion of the resident's program director, who must take into consideration any restrictions on leave established by the certifying board and/or Residency Review Committee for the specialty and the training requirements of the program.

Each program must provide its residents with written, program-specific policies on leave which must address the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program. A resident may be required by the program director to complete additional training equivalent to any leave taken in excess of that allowed by the training requirements of the program.

Residents must obtain prior approval from the program director, or his/her designee, for all leave, with the exception of emergencies or sudden illness.

The following is a summary of leave policies established by the Hospital, which generally apply to all residents, except as modified by the policies established by the individual programs:

1. **Vacation:** The working year is defined in terms of 52 weeks, of which a maximum of three (3) work weeks for vacation purposes will be paid by the Hospital. Vacation unused at the end of a year may not be carried forward to the next year. Vacation unused at the time of termination is not reimbursable but may be taken as terminal leave, at the program director's discretion, through June 30.

2. **Sick Leave:** Salary deductions generally are not made for time lost due to illness or injury if such time does not exceed three (3) work weeks.
 - a) **Sick Leave Donation:** Under certain circumstances, a UAB resident may voluntarily donate to another UAB resident, or receive from another resident, sick leave time. A resident can donate up to one week per academic year to another resident within the same department. The Program Director, Department Chair, Designated Institution Official and Chair of the DCGME must approve the donation via the GME Sick Leave Donation Request Form (available from the GME Office).
3. **Family and Medical Leave:** The detailed policy may be obtained by contacting Human Resources Management or visiting the website at http://www.hrm.uab.edu/main/records/leave_absence.html.
 - a) **Family-Related Leave of Absence:** A maximum of 12 work weeks leave in a twelve (12) month period is available for the following reasons: 1) birth of a resident's son or daughter or to care for the baby (entitlement to leave of absence under this policy expires twelve months from the child's date of birth); 2) adoption of a child by the resident or placement of a child with the resident for foster care (entitlement to leave of absence under this policy expires twelve months from the date of adoption or foster care placement); and 3) care of a son, daughter, spouse, or parent (but not in-laws) having a serious health condition (children 18 years or older are not included unless they are incapable of self care because of mental or physical disabilities). One year of continuous service is required to be eligible for this leave of absence.
 - b) **Medical Leave of Absence for Health Condition of the Resident:** A maximum of 16 work weeks medical leave in a twelve (12) month period is available to any resident with a serious health condition that renders the resident unable to work. One year of continuous service is not required to be eligible for this leave of absence.
 - c) A family-related or medical leave of absence will be approved only for the length of time certified in writing by the person's health-care provider, and the twelve (12) month period in which leave may be taken will begin on the first day approved family-related or medical leave is taken. Any available vacation or sick leave must be taken at the beginning of a leave of absence before entering a non-paid status. Use of available sick leave is limited to eligible medical conditions of the resident. Use of available vacation and/or sick leave will not extend the length of any leave beyond the maximum time allowed. A leave of absence must be approved in advance by the program director. The resident must request a leave of absence at least 30 days in advance of beginning such leave (except in the case of emergency leave) and submit a completed "Family and Medical Leave of Absence Request Form". Any resident taking family and/or medical leave must be placed on a leave of absence, and the appropriate personnel papers must be completed by the department and sent to the Graduate Medical Education Department for approval.
 - d) The National Defense Authorization Act was signed into law by President Bush in January of 2008. The Act expanded the Family Medical Leave Act (FMLA) of 1993 and provides new leave rights related to military service and went into effect on January 16, 2009. The new leave entitlements include **Military Caregiver Leave**, which provides family members of injured service members with up to 26 work weeks of leave in a single 12-month period and **Qualifying Exigency Leave**, which allows family members of the National Guard and Reserves to use up to the normal 12 work weeks of FMLA leave to manage the affairs of a service member while he or she is on active duty in support of a contingency operation.
4. **Educational Leave:** Educational leave may be provided at the discretion of the program director according to policies established by the individual residency programs.
5. **Military Leave:** Any physician applying for residency training that is, or anticipates becoming, an active or reserve member of the armed forces should clearly state such on his application. Prior to acceptance of an offer of residency training, the program director, or his/her designee, should

provide the applicant with a copy of the program's policy on leave and the effect of such leave on the training requirements of the program.

- a) A maximum of 21 working days with pay per calendar year is provided to all employees who are ordered to military duty. This 21 working days per year includes weekend drills as well as summer training and any other type military duty, except that which is noted in Alabama law, Ala. Code Section 31-12-1. Employees will be paid only for the time for which they would ordinarily be scheduled to work for UAB. In no case will employees be paid for a period in excess of the time for which they are ordered to military duty. A copy of the orders or other satisfactory documentation of attendance must be provided to the supervisor as soon as received.
- b) After the first 21 days of military leave per year, any additional military leave, except that which is noted in Alabama law, Ala. Code Section 31-12-1, will be without pay or may be charged to vacation or personal holiday time. Persons requesting military leave must submit a copy of the orders calling them to active duty. Documentation must be attached to the time sheet or Leave of Absence paper. All documentation should be included in the employee's official personnel file. Employees returning from military leave have 90 days following discharge from active duty to reclaim their positions.

In the case of a major military call-up, the UAB President may alter these regulations (such as "calendar" year rule), but any changes must apply to all affected employees, not just to individual cases. Alabama law, Ala. Code Section 31-12-1, et. seq. (the Act), extends military protections and rights under the Soldiers' and Sailors' Civil Relief Act and the Uniformed Services Employment and Reemployment Rights Act to active members of the Alabama National Guard and other military reserve forces called to duty in time of war, armed conflict or emergencies, proclaimed by the Governor or the President of the United States, and called or ordered to state active duty for a period of 30 consecutive days or more or federally funded duty, other than training. This law does not apply to normal National Guard and reserve weekend drills, annual training and required schools.

Retroactive to 9/11/2001, eligible employees, as defined in the Act, are eligible for the difference in pay between lower active duty pay and a higher public salary, for the duration of the active military service. This provision applies only to employees called into active service during the war on terrorism, which commenced on September 11, 2001. Any public employee who was required to use annual or sick leave as a result of being called to active service during the war on terrorism shall have his/her leave restored. Also, health insurance benefits may be continued at the election of the employee called to active military service. Any employee serving in the active military service during the war on terrorism, which commenced on September 11, 2001, shall continue to be considered an active participant in the Retirement System of Alabama throughout such service.

SECTION V - RESIDENT RESPONSIBILITIES AND CONDITIONS OF APPOINTMENT

- A. Compliance with Institutional Policies and Procedures:** All residents are subject to the personnel and administrative policies and procedures of the Hospital and the University of Alabama at Birmingham, except as specifically modified by the Dean's Council for Graduate Medical Education. A resident's appointment is contingent upon compliance with said policies. All Hospital standards and policies are available through the SPP-SCR Website at <https://scr.hs.uab.edu/>. In addition, the University of Alabama at Birmingham's Sexual Harassment Policy and The University of Alabama School of Medicine Harassment Policy are also provided in Appendix 6 of this manual. All residents are provided with a copy of the Graduate Medical Education Policies and Procedures manual and are expected to read and become familiar with said policies.

As a condition of promotion/advancement, the resident is responsible for completing all mandatory education required by the Sponsoring Institution (i.e., compliance training, The Joint Commission education, etc.).

- B. Hospital Orientation for New Residents:** The orientation session for new residents is designed to facilitate each resident's entry into the UAB system, provide education on policies and procedures, and expedite the completion of all required paperwork. Newly-appointed residents are expected to attend orientation if at all possible. Residents unable to attend orientation are required to report to the Graduate Medical Education Department for processing and instructions for completion of the required paperwork.
- C. Contract with the University of Alabama Hospital (Resident Agreement):** An "Initial Resident Agreement" must be completed for all residents upon entry into a residency program and a "Resident Renewal Agreement" for each year of training thereafter. The agreement must be signed by the resident, program director, and the DIO and the original agreements maintained as a part of the Hospital's permanent records.
- D. Physical Examination:** All newly-appointed residents must undergo a pre-employment physical examination, as required by the State Health Department. Residents who fail to complete their physical examination within 30 days of the date of employment are subject to suspension. Residents should contact Employee Health at (205) 934-3675 to schedule an appointment to have a TB skin test, blood drawn, and screening for childhood diseases. Reports from examinations conducted by private physicians or at other facilities are not acceptable.
- 1. Tuberculosis Testing:** All residents are required to have tuberculosis screening, performed initially during the pre-employment physical and annually thereafter by Employee Health, located in Room SW123, Spain Wallace. Additional information on testing may be obtained from Employee Health at (205) 934-3675.
 - 2. Immunization for Hepatitis-B and Childhood Diseases:** Newly-appointed residents are screened for the need for immunization for hepatitis-B and childhood diseases as a part of the pre-employment physical. Immunizations are provided at no cost to the resident by Employee Health. Additional information may be obtained from Employee Health at (205) 934-3675.
- E. Advanced Life Support Certification:** Residents are required to maintain certification in life support procedures appropriate for their specialty (Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS) and/or Neonatal Advanced Life Support (NALS or Neonatal Resuscitation Program) throughout residency training. Courses for residents new to UAB are offered in June of each year, and courses are offered throughout the year for residents requiring recertification. Information on classes may be obtained by contacting the Graduate Medical Education Department at (205) 934-4793.
- F. Identification Badge:** Newly-appointed residents must report to HRM/Hospital Support Services to obtain an identification badge bearing their picture. This identification badge should be worn at all times while in the Hospital. A \$10.00 replacement fee is charged for replacement badges. Identification badges must be returned upon completion of residency training or termination of employment at the Hospital. HRM/Hospital Support Services is located in the Russell Wing, Room 165, and telephone (205) 934-2097. Office hours are 8:30 a.m. - 5:00 p.m., Monday through Friday.
- G. Patient Information and Clinical Tasks System (IMPACT) Training:** Residents are required to complete a training course prior to being issued access numbers for the IMPACT system. Courses are

offered during orientation and throughout the year. Additional information can be obtained by contacting the IMPACT Scheduling Coordinator at (205) 934-1332, Room 270, General Services Building.

- H. Professional Liability Insurance:** Newly-appointed residents must complete an application for professional liability (malpractice) insurance through the UAB Professional Liability Trust Fund (see Section IV.E.). The completed application must be forwarded to the Graduate Medical Education Department for processing. Application forms and forms to process changes are available in the Graduate Medical Education Department, Jefferson Tower, J136.
- I. Medicaid Numbers:** Newly-appointed residents must complete the required "Resident Certification" for the Alabama Medicaid Agency to acquire a temporary Medicaid number if he/she does not have an Alabama limited or unrestricted medical license. This temporary number is used in writing outpatient prescriptions for Medicaid patients during the first postgraduate year. Application forms are available in the Graduate Medical Education Department, Jefferson Tower, J136.
- J. United States Medical Licensing Examinations (USMLE)**
- 1. USMLE Step 2:** All residents with M.D. degrees, regardless of postgraduate year, must possess a passing score for both Clinical Skills and Knowledge parts of Step 2 by completion of the third month after entering residency training at UAB. For example, if a resident begins the PG year on July 1st, the deadline for successful completion of the exam is September 30th of the same year.
 - 2. USMLE Step 3:** All residents with M.D. degrees must possess a passing score for the USMLE Step 3 by completion of the sixth month of postgraduate year two. Notwithstanding the foregoing, if a resident transfers to UAB from a non-UAB program after PG year two, the resident must possess a passing score for USMLE Step 3 by completion of the sixth month after their transfer to UAB. (For example, if a resident begins the postgraduate year two on July 1st, the deadline for successful completion of the exam is December 31st of the same year.)
- K. Comprehensive Osteopathic Medical Licensing Examination (COMLEX)**
- 1. COMLEX Level 2:** All residents with D.O. degrees, regardless of postgraduate year, must possess a passing score for the COMLEX Level 2 by completion of the third month after entering residency training at UAB.
 - 2. COMLEX Level 3:** All residents with D.O. degrees must possess a passing score for the COMLEX Level 3 by completion of the sixth month of postgraduate year two. Notwithstanding the foregoing, if a resident transfers to UAB from a non-UAB program after postgraduate year two, the resident must possess a passing score for COMLEX Level 3 by completion of the sixth month after their transfer to UAB. (For example, if a resident begins the postgraduate year two on July 1st, the deadline for successful completion of the exam is December 31st of the same year.)
- L. Licensure:** All residents (graduates of American and international medical schools) must apply for and obtain an unrestricted Alabama license to practice medicine when they meet the minimum postgraduate training requirements stipulated by the Alabama Board of Medical Examiners. In addition, residents who are graduates of international medical schools must apply for and obtain a limited Alabama license no later than 18 months from the start of postgraduate training (PGY 1) and this limited license must be maintained until an unrestricted Alabama license is obtained, or they complete the program, whichever occurs first.

All residents will be required to demonstrate to the Graduate Medical Education Department that they have obtained and maintained a medical license (unrestricted and/or limited) with the Alabama Board of Medical Examiners, after meeting eligibility requirements, but, in no event later than 18 months from the start of their postgraduate training. A copy of the resident's current unrestricted and /or limited medical license must be submitted to the Graduate Medical Education Department on an annual basis at the time the resident's contract is renewed for each academic year.

Failure to meet any of these licensing requirements will result in the resident being placed on administrative probation. Should the resident fail to meet the terms of the probation period, the resident's appointment will be revoked.

Application forms for licensure may be obtained by contacting:

Alabama Board of Medical Examiners
Medical Licensure Commission
P. O. Box 946
Montgomery, AL 36101
(848 Washington Avenue, Montgomery 36104)
Telephone: (800) 227-2606

M. Alabama Controlled Substances Certificate/DEA Number:

An Alabama Controlled Substances Certificate (ACSC) and Drug Enforcement Administration (DEA) number is required in order for physicians to write inpatient or outpatient prescriptions for controlled substances. Residents may rely on the Hospital's institutional DEA number (with a unique suffix assigned to each resident) for the first 18 months of residency training, but not thereafter.

In clinical training programs where controlled substance are prescribed, each resident must register with the Drug Enforcement Administration (DEA) and obtain an individual DEA number and with the Alabama Board of Medical Examiners for an Alabama Controlled Substances Certificate (ACSC) when they obtain their Alabama license, but on no event, later than 18 months from the start of their postgraduate training. A copy of the DEA number and ACSC should be sent to the Graduate Medical Education Department. Registration forms for the Alabama Controlled Substances Certificate are included with application materials for licensure, and information on federal DEA registration is found at:
<http://www.deadiversion.usdoj.gov>

Residents in a training program where controlled substances are not prescribed are not required to obtain a DEA number or ACSC. Residents in these programs cannot use another physician's DEA number or ACSC.

A list of residency training programs in which controlled substances are prescribed can be found in Appendix 4.

Failure to meet any of these requirements will result in the resident being placed on administrative probation. Should the resident fail to meet the terms of the probation period, the resident's appointment will be revoked.

N. Moonlighting: Specific policies concerning moonlighting may vary from program to program, and residents may undertake moonlighting activities only in accordance with the policies and guidelines established by the individual residency programs. The following policies apply to moonlighting by residents in all programs:

1. Residents cannot be required to engage in moonlighting activities.
2. PGY-1 residents are not permitted to moonlight.
3. Any resident engaged in moonlighting must notify the program director of such activities. The program director must acknowledge in writing that she/he is aware that a resident is moonlighting and this information must be maintained in the resident's file.
4. Moonlighting at Institutions other than UAB Hospital
 - a) Residents participating in moonlighting activities at institutions other than UAB Hospital must have an unrestricted full license to practice medicine in the State of Alabama, a current Alabama Controlled Substance Certificate (ACSC), and a personal DEA number. Residents ineligible for a full license in Alabama may not moonlight at institutions other than UAB Hospital.

5. Moonlighting at UAB Hospital
 - a) Residents participating in moonlighting activities at UAB Hospital must have either an unrestricted full license or a current State of Alabama limited license to practice medicine, a current Alabama Controlled Substance Certificate (ACSC) and a personal DEA number.
 6. Residents must use their individual DEA numbers for moonlighting activities. The institutional number cannot be used for moonlighting activities.
 7. Professional liability insurance coverage for moonlighting activities at institutions other than UAB Hospital is not provided by the Hospital. It is the responsibility of the institution hiring the resident to moonlight to determine whether appropriate licensure is in place, whether adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.
 8. "Non-Member staff appointments" are in that role under the direct supervision of the appropriate service chief. They are subject to all rules for Active medical staff. In this capacity they are not under direct GME/Program Director supervision.
- O. Participation in Educational and Professional Activities:** The Hospital and its sponsored programs are committed to providing an educational and scholarly environment for the conduct of graduate medical education, which facilitates each resident's professional and personal development. Each program is required to define, in accordance with the Program Requirements established for the discipline, the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
 2. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care;
 3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
 4. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals;
 5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; and
 6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.
- In addition, residents are expected to:
1. Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff;
 2. Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students;
 3. Participate in appropriate institutional committees and councils whose actions affect their education and/or patient care;
 4. Participate in an educational program regarding physician impairment, including substance abuse.
 5. Submit to the program director or to a designated institutional official at least annually confidential written evaluations of the faculty and of the educational experience.

SECTION VI: ANCILLARY AND SUPPORT SERVICES

The University and Hospital are committed to the provision of necessary ancillary and support services for residents in its graduate medical education programs. Such services include, but are not limited to, the provision of uniforms, payment of parking fees, discounted meals, on-call quarters, exercise facilities, dining room, lounge, an extension library within the Hospital, a health sciences bookstore and discount on purchases, an appropriate medical records system, counseling services, and appropriate security for resident safety.

- A. **Bookstore:** The UAB Bookstore is located in the Hill University Center, 1400 8th Avenue South. Residents receive a 10% discount on selected items with proper identification.
- B. **Cafeterias:** Hospital cafeterias are located on the second floor of Jefferson Tower and first floor of Spain Rehabilitation Center. With proper identification, residents receive a 60% discount on meals at these facilities. Residents must present their UAB I.D. badge to receive this discount. Additionally, there is a Food Court in the North Pavilion as well as numerous restaurants located within walking distance of the Hospital.
- C. **Counseling Services:** Counseling is available at no cost to residents through The Resource Center (An Employee Assistance/Counseling Service), which is a free, confidential and voluntary service provided by the University of Alabama at Birmingham. The professional counseling staff provides confidential, one-on-one counseling. Should a resident require assistance in an area in which the counselors do not specialize, the counselors will work with the resident in making an appropriate referral. Every Resource Center consultation is strictly confidential, and information is not included in personnel records nor revealed to supervisors, coworkers, colleagues, friends or family members. The phone number is (205) 934-2281, or 1-877-872-2327. Detailed information on The Resource Center can be found on their website. http://www.hrm.uab.edu/main/resource_ctr/. In addition, the Department of Psychiatry offers full in- and outpatient services with specialized programs in a number of areas.

Also, the Physician Resource Office (PRO) exists in the UAB Health System to provide comprehensive physician health services for physician faculty, residents and medical students. In addition to prevention and education services, the PRO assists with treatment planning, return to work issues, and monitoring for physicians needing continuing care. The office is located in the John N. Whitaker Building, 500 22nd Street South, Suite 504-A. The phone number is (205) 731-9799.

- D. **Dining/Break Rooms:** A dining/break room with refrigerator, microwave and vending machines is provided for use by residents. The dining/break room is adjacent to the on-call quarters in Room 1621, Jefferson Tower. The Hospital also provides a dining room for physicians in the cafeteria located on the second floor of Jefferson Tower, Room J209.
- E. **Exercise Facilities:** The Hospital provides an exercise room for residents in Room 1620, Jefferson Tower, which is equipped with exercise bicycles, free weights, and stationary weights. The UAB Hospital Health Club is also available to residents and is located in the Boshell Diabetes Research and Education Building Room 212. Monthly fees are \$30. No initiation fee or contract is required. The Health Club is open 24 hours and has machine weights, free weights, cardio-conditioning, treadmills, rowing machines, steam room, sauna, one-person whirlpool and locker room with shower facilities. Soap, shampoo and towels are furnished. For more information on the Health Club call (205) 934-2688. Additionally, the UAB Campus Recreation Center is available to residents with proper identification at \$30 per month (or, \$360 per year). Memberships for spouses or families may also be purchased. The UAB Campus Recreation Center is located at 1501 University Boulevard. Additional information may be obtained by calling the Recreation Center at (205) 934-8224.
- F. **GME Hotline:** A resident hotline is provided as a mechanism by which individual residents can address concerns in a confidential and protected manner. The resident hotline number is 934-5025. All inquiries will be investigated and reported to the DIO.
- G. **International Scholar and Student Services:** International residents who desire or need assistance with the process of entry into American society may contact International Scholar and Student Services (ISSS). Services provided include, but are not limited to: (1) assistance with visa and immigration requirements; (2) assistance with economic matters such as establishing accounts with local financial institutions; and (3) communication with outside agencies including local and state officials. The ISSS is able to coordinate individual programs to assist residents in making cultural, social, and personal adaptations. Further information may be obtained by contacting the ISSS at extension (205) 934-3328.

- H. Jefferson County Residents Medical Auxiliary:** The Jefferson County Residents Medical Auxiliary is comprised of spouses of any resident in training in Jefferson County. The group's purpose is to provide opportunities for the residents' spouses to meet and give support to each other throughout the training years. The Auxiliary elects a membership coordinator at the beginning of each academic year who contacts the spouses of all new residents.
- I. Loan Deferments:** The GME Office is available to assist residents in completing the necessary paperwork for loan deferments.
- J. Lounge:** The Hospital provides a lounge for use by residents in Room 1625, Jefferson Tower. The lounge is equipped with television and a computer terminal with access to IMPACT.
- K. Medical Libraries:** Lister Hill Library of the Health Sciences provides comprehensive collections of print and electronic resources to support research, education and patient care to all UAB residents regardless of location. Library faculty provide a variety of support with resources and services and can visit your location on-campus or at off-campus sites. Lister Hill Library at University Hospital (LHL@UH), located in Room P235 of the West Pavilion, provides residents with access to librarians and a broad variety of reference material in print or electronic format in a location convenient to patient care areas. The library is open and staffed Monday through Friday, 7:30 a.m. to 6:00 p.m. A librarian is available Monday through Friday 7:30 a.m. to 5:00 p.m. Residents may access LHL@UH 24 hours a day by using their ID badge, upon application with the library. The main Lister Hill Library is located at 1700 8th Avenue South and is available to residents Monday through Thursday, 7:00 a.m. to 11:00 p.m., Friday from 7:00 a.m. to 7:00 p.m., Saturday, 9:30 a.m. to 6:00 p.m. and Sunday, 12:00 Noon to 10:00 p.m. Electronic resources provided by the library can be accessed at <http://www.uab.edu/lister>; off-campus access requires the use of a BlazerID and password.
- L. Notary:** The GME Office provides notary services to residents free of charge.
- M. On-Call Quarters:** The Hospital provides on-call quarters for residents in the Center for Psychiatric Medicine, Jefferson Tower, Old Hillman Building, Quarterback Tower, Spain Rehabilitation Center, Spain-Wallace, Medical Education Building, North Pavilion, West Pavilion, and the Women and Infants Center. The Hospital assigns each program rooms with a sufficient number of beds for the number and gender of residents on call that accommodate privacy needs. The Graduate Medical Education Department maintains a master listing of on-call rooms, program assignments and, for security purposes, the names and key numbers of individuals to whom keys have been issued.
1. Any program requiring additional on-call rooms should direct a request to the Graduate Medical Education Department. Residency programs and/or residents may not exchange rooms or give away rooms to residents of another program without the prior approval of the Graduate Medical Education Department.
 2. Programs should report to the Graduate Medical Education Department any call room assigned to the program that is not being utilized by the residents.
 3. All requests for keys and/or lock work for resident facilities or on-call rooms maintained by the Hospital must be approved by the Graduate Medical Education Department.
 4. Repairs or maintenance work needed in the on-call quarters should be reported to the Graduate Medical Education Department.
 5. On completion of residency training, or change in program, residents must return to the program coordinator any keys issued to on-call rooms.
- N. Parking:** Residents are assigned parking by UAB Parking and Transportation Services. Every effort is made to place residents in parking facilities in close proximity to the Hospital. The monthly parking fee of \$50.00 is paid by the Hospital for residents funded by the Hospital. Residents paid by other than University sources receive direct billing for the fee. Residents should check their payroll statements each month to ensure there are no deductions for parking. Residents will be reimbursed for any overcharge, provided the Graduate Medical Education Department is provided with a copy of the payroll statement(s) showing the amount deducted **and the request for reimbursement is made within the year in which the overcharge occurred.** Questions related to parking at the 4th Avenue Parking Deck should be directed to Park Rite, Inc. at 996-2548. UAB Parking and Transportation Services may be reached at 934-3513.

- O. Security and Safety:** The UAB Police Department is accredited by the Commission for the Accreditation of Law Enforcement Agencies (CALEA) and is responsible for the safety and protection of staff, students and visitors and the prevention of crime on the UAB campus. Police officers and/or security personnel are present in Hospital buildings and the parking decks which are equipped with monitored security cameras. Emergencies may be reported or assistance requested by calling 934-4434. In addition, the following services are provided to enhance safety:
- 1. Help Telephones:** There are 200 designated Help Telephones throughout the UAB campus that provide a direct link to the UAB Police Department. The telephones are monitored 24 hours a day and are located in building hallways, elevators, parking lots/decks, between buildings and in remote areas.
 - 2. Campus Escort Service:** An after dark escort service is available and can be requested by calling 934-8772. The resident will be met by an escort who will accompany the resident to his/her campus destination on foot or in a marked vehicle.
- P. Transportation Options for Residents Who May Be Too Fatigued to Safely Return Home:** Any resident/fellow that is too fatigued to safely return home after duty should contact the Graduate Medical Education Department at 934-4793. A taxi service will be provided to take the resident/fellow home and return to the hospital if needed. The Graduate Medical Education Department is open Monday – Friday from 8:00 a.m. – 5 p.m. If this service is needed during hours that GME is not open, pick up any hospital phone and call *55, Identify yourself as a GME resident and request this service. In addition, the Hospital has designated rooms on the 16th floor of Jefferson Tower for residents that choose to rest in the hospital prior to returning home.
- Q. Uniforms:**
- 1. White Coats:** Residents are issued either three (3) or four (4) white coats during their orientation to the Hospital, based on the chart shown in Appendix 3. If a coat becomes stained, torn or unserviceable, a new coat will be issued on a one-for-one exchange basis. Replacement coats may be ordered by contacting Linen Services, 934-4801.
 - 2. Scrub Suits:** The Hospital will issue scrub suits to residents based upon the chart shown in Appendix 4. Residents in programs in the “exempt” category will continue to obtain scrubs through usual means. Codes are required to access the physicians’ changing rooms for residents in the exempt category and will be distributed to residents that need them. Residents who receive scrubs will be responsible for laundering their scrub suits and having these available when needed. Damaged or permanently stained scrub suits will be exchanged on a one for one basis. Should a scrub suit become heavily soiled during work hours, the scrub suit may be exchanged for a clean scrub suit in designated areas such as the Operating Rooms or Labor and Delivery. Residents who lose or misplace scrubs may purchase replacements from the Hospital Support Services/Hospital Uniforms department at Hospital cost. Residents are encouraged to return scrub suits at the end of training at UAB.

SECTION VII - EDUCATIONAL PROGRAM**A. PROGRAM DIRECTORS**

A single program director with authority and responsibility for the operation of the sponsored program must be appointed by the department chair and/or division director. The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. In addition to any specialty-specific requirements outlined in the relevant Program Requirements, all program directors must possess the following qualifications:

1. Member in good standing of the medical staff of the Hospital,
2. Appointment to the teaching faculty of the UASOM,
3. Requisite specialty expertise as well as documented educational and administrative abilities and experience in his/her field acceptable to the Residency Review Committee,
4. Certified in the specialty by the applicable American Board of Medical Specialties (ABMS) or possess specialty qualifications judged to be acceptable by the Residency Review Committee, and
5. Current medical licensure

In addition to any specialty-specific requirements outlined in the relevant program requirements and ACGME Manual of Policies and Procedures, the responsibilities of the program director include, but are not limited to, the following:

1. Overseeing and ensuring the quality of didactic and clinical education in all sites that participate in the program,
2. Approving the selection of the faculty and other program personnel at each participating site; approving a local site director at each participating site who is accountable for resident education; evaluating program faculty and approve the continued participation based on evaluation,
3. Preparing an accurate statistical and narrative description of the program as requested by the Residency Review Committee,
4. Completing annual updates of the program and resident records through the ACGME Accreditation Data System (ADS),
5. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair,
6. Ensuring implementation of fair policies and procedures, as established by the Hospital, to address resident grievances and due process in compliance with the Institutional Requirements,
7. Monitoring resident stress, fatigue, sleep deprivation, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction,
 - a) The program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.
 - b) Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
 - c) Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning such as naps of back-up call schedules.
8. Obtaining prior approval of the DCGME and RRC for changes in the program that may significantly alter the educational experience of the residents including, but not limited to, the addition or deletion of major participating institutions, change in the approved resident complement, or change in the format of the educational program. See Section II of the Common Program Requirements,
9. Developing and implementing the academic and clinical program of resident education by preparing and implementing a written statement outlining the educational goals and objectives of the program, with respect to knowledge, skills, and other attributes of the residents for each major assignment and each level of the program,

- a) The statement of educational goals and objectives must be distributed to residents and faculty.
 - b) The statement of educational goals and objectives must be reviewed with residents prior to the assignment.
10. Providing residents with direct experience in progressive responsibility for patient management.
 11. Preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, this includes the presentation of core specialty knowledge supplemented by the addition of current information.
 12. Ensuring that residents are provided with effective educational experiences that lead to measurable achievement of educational outcomes in the ACGME competences as outlined in the Common and specialty/subspecialty-specific Program Requirements.
 13. Establishing and maintaining an environment of inquiry and scholarship, including an active research component within the program, and ensuring participation by both residents and faculty, as defined in Section IV.B in the Common Program Requirements and Program Requirements.
 14. Preparation of written, program-specific criteria and processes for the selection, promotion, transfer, dismissal, and verification of residents. The program director is responsible for ensuring that the program's criteria are in compliance with the Institutional Requirements, Common Program Requirements, relevant Program Requirements, and institutional policies governing graduate medical education.
 15. Developing and implementing policies and procedures for resident supervision at all participating institutions that are in compliance with Section II.A.4 and VI.D of the Common Program Requirements, relevant Program Requirements, and policies and procedures of the sponsoring and participating institutions.
 16. Developing and implementing formal written policies and procedures governing resident duty hours that are in compliance with Sections II and VI of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures.
 17. Developing and implementing policies and procedures for the evaluation of residents, faculty, and the program that are in compliance with Sections II and V of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures.
 18. Developing and implementing policies and procedures for the learning and work environment that are in compliance with Sections II and VI of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures (see Section VIII – Resident Work Environment).
 19. Developing and implementing policies and procedures for transitions of care that is in compliance with Section VI of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures.

B. TEACHING FACULTY

The teaching faculty of the program is appointed on recommendation of the program director, division director and departmental Chair, with approval of the Dean of the University of Alabama School of Medicine or Dentistry, and Hospital Executive Committee. The teaching faculty should include members of the medical staff at each hospital participating in the educational activities of the program. At each institution, there must be a sufficient number of faculty with documented qualifications to instruct and adequately supervise all residents in the program. In addition to any requirements outlined in the relevant Program Requirements, all teaching faculty should possess the following qualifications:

1. Possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.

2. Certification in the specialty by the applicable American Board of Medical Specialties (ABMS) or possess qualifications judged by the RRC to be acceptable,
3. Member of the medical staff in good standing at an institution participating in the program,
4. Non-physician faculty must be appropriately qualified in their field and possess appropriate institutional appointments. The teaching faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities, including the timely evaluation of the residents they supervise. The faculty must demonstrate a strong interest in the education of residents, support the goals and objectives of the program, demonstrate competence in both clinical care and teaching abilities, and participate in the scholarly activities of the program.

C. ACGME COMPETENCIES

ACGME-accredited programs must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

D. SCHOLARLY ACTIVITIES

The program director and faculty are responsible for establishing and maintaining an environment of inquiry and scholarship and an active research component within each program. The program director must ensure that faculty and residents participate in scholarly activity defined as one of the following:

1. The scholarship as evidenced by peer-reviewed funding or publication of original research or review articles in peer-reviewed journals or chapters in textbooks,
2. Publication or presentation of case report or clinical series at local, regional, or national professional and scientific society meetings,
3. Participation in national committees or educational organizations,
4. Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and provision of support for resident participation in appropriate scholarly activities.

The program director must ensure that adequate resources for scholarly activities for faculty and residents are available, including sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

SECTION VIII - RESIDENT WORK ENVIRONMENT

The program director is responsible for ensuring that residents are provided with a sound academic and clinical education that is carefully planned and balanced with concerns for patient safety and resident well-being. Developing the skills, knowledge and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. Supervision in this setting with graded and progressive responsibility should have the goal of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge and attitudes required to enter the unsupervised practice of medicine and establishing a foundation for continued professional growth. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Each program must have written policies and procedures for resident duty hours and the work environment that are distributed to all faculty and residents. Such policies must comply with the ACGME Institutional Requirements, relevant Program Requirements, and the following institutional policies:

A. PROFESSIONALISM, PERSONAL RESPONSIBILITY AND PATIENT SAFETY

1. Along with the Sponsoring Institution, the program director is responsible for educating residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.
2. The program director must be committed to and responsible for promoting patient safety and resident wellbeing in a supportive educational environment.
3. The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
4. Along with the Sponsoring Institution, the program director must structure the learning objectives of the program to be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events and not be compromised by excessive reliance on residents to fulfill non-physician service obligations.
5. Along with the Sponsoring Institution, the program director must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
 - a) Assurance of the safety and welfare of patients entrusted to their care
 - b) Provision of patient- and family-centered care
 - c) Assurance of their fitness for duty
 - d) Management of their time before, during, and after clinical assignments
 - e) Recognition of impairment, including illness and fatigue, in themselves and in their peers
 - f) Attention to lifelong learning
 - g) The monitoring of their patient care performance improvement indicators
 - h) Honest and accurate reporting of duty hours, patient outcomes and clinical experience data
6. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interests. Physicians must recognize that under certain circumstances, the best

interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

B. SUPERVISION OF RESIDENTS

Each program director must ensure, direct, and document adequate supervision of residents at all times. There must be program-specific policies and guidelines for resident supervision and progressive levels of responsibility for each year that are distributed to all residents and teaching faculty.

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.

The following policies apply to all programs and residents:

1. The program director must ensure that the teaching staff at all participating institutions and clinical sites provide appropriate supervision of residents that is consistent with proper patient care and the educational needs of the residents.
 - a) Each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each RRC) who is ultimately responsible for that patient's care at all clinical sites utilized for the education of residents.
 - i) This information should be available to residents, faculty members and patients
 - ii) Residents and faculty members should inform patients of their respective roles in each patient's care
 - b) Faculty attending and call schedules must be structured to provide residents with continuous supervision and consultation.
 - c) Residents and other health care personnel must be provided with rapid, reliable systems for communicating with supervising faculty.
2. To ensure oversight of resident supervision and graded authority and responsibility, the program must define the levels of supervision that is in accordance with the RRC and use the following classification of supervision:
 - a) Direct Supervision – the supervising physician is physically present with the resident and patient
 - b) Indirect Supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision
 - c) Indirect Supervision with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision
 - d) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered
3. Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability and experience. The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.
 - a) The program director is responsible for defining the levels of responsibilities for each year of training through written descriptions of the types of clinical activities residents may perform and/or teach.

- b) The level of responsibility granted to a resident is determined by the program director and/or supervising teaching faculty and must be based on documented evaluation of the resident's clinical experience, judgment, knowledge, technical skill and the needs of the patient.
 - c) Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
 - d) The program director must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members.
 - e) Residents must be aware of their limitations and may not attempt to provide clinical services or perform procedures for which they are not trained.
 - f) PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.
 - g) Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.
4. The program director is responsible for ensuring that all teaching faculty and residents are educated to recognize the signs of fatigue and for implementing policies and procedures to prevent and counteract the potential negative effects.
- a) Faculty members and residents must be educated to recognize the signs of fatigue and sleep deprivation; alertness management and fatigue mitigation processes; and to adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning such as naps or back-up call schedules.
 - b) A process must be developed to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.

C. TEAMWORK

Resident must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

D. DUTY HOURS

Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. The following institutional policies apply to all programs and residents:

1. **Maximum Hours of Work per Week:** Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
 - a) **Mandatory Time Free of Duty:** Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period. At-home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative duties.
 - b) **Maximum Duty Period Length:**
 - (1) Duty periods of PGY-1 residents must not exceed 16 hours in duration.

- (2) Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital
 - (3) Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. is strongly suggested
 - (4) It is essential for patient safety and resident education that effective transitions in care occur. Resident may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours
 - (5) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty
 - (6) In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
 - i) Under those circumstances, the resident must appropriately hand over the care of all other patients to the team responsible for their continuing care; and document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director
 - ii) The program director must review each submission of the additional service, and track both individual resident and program-wide episodes of additional duty
2. **Minimum Time Off Between Scheduled Duty Periods:** Adequate time for rest and personal activities must be provided.
- (a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods...
 - (b) Intermediate-level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
 - (c) Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.
 - d) The program must provide back-up support systems when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
3. **Maximum Frequency of In-House Night Float:** Residents must not be scheduled for more than six consecutive nights of night float.
4. **Maximum Frequency of In-House On-Call Frequency:** In-house call is defined as those duty hours beyond the normal work day when the residents are required to be immediately available in the assigned institution. The following policies apply to residents in all programs:
- a) PGY-2 residents and above must be scheduled for in-house call no more frequently than every third night, averaged over a four-week period.
5. **At-Home Call:** At-home call (pager call) is defined as call taken from outside the assigned institution.

- a) Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every third night limitation, but must satisfy the requirement for on-day-in-seven free of duty, when averaged over four weeks. However, at home call must not be so frequent as to preclude rest or reasonable personal time for each resident.
- b) Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
- c) Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty" period...
- d) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

E. OVERSIGHT AND MONITORING OF DUTY HOURS AND THE WORK ENVIRONMENT

- 1. The program director must review the duty hours of all residents on all rotations through sampling at least four times per year during representative months.
- 2. The program director must report the results of sampling of duty hours to the Designated Institutional Official of the Hospital.
 - a) The total hours worked per week, averaged over a four-week period, inclusive of on-call activities must be reported for each resident using the Quarterly Report on Resident Duty Hours. The completed reports must be submitted to Graduate Medical Education no later than 30 days from the end of the month reported.
 - b) The program director must describe, develop and implement a plan for corrective action, in conjunction with the residents and appropriate faculty, for any rotation exceeding the 80-hour rule, or otherwise identified as problematic.
- 3. The evaluation form utilized by the program for residents to evaluate rotations must include a question concerning compliance with the 80-hour rule.
 - a) Rotations reported as violating the 80-hour rule for two consecutive months must be subjected to re-sampling and reviewed by the program director, in conjunction with the residents and appropriate faculty.
- 4. Residents may report violations of the 80-hour rule through procedures established by each program and/or by calling the Designated Institutional Official, UAB Hospital; Director, Graduate Medical Education Department; the Corporate Compliance Hotline at 934-4446, or the Residents' Hotline at 934-5025. Such calls will be investigated and reported to the DIO and Dean's Council for Graduate Medical Education.
- 5. The Dean's Council for Graduate Medical Education will evaluate each program's compliance with the 80-hour rule on an annual basis and during the internal program review.

F. REQUESTS FOR APPROVAL OF DUTY HOURS EXCEPTIONS

A program may request an exception to the 80-hour rule for up to 10% of the 80-hour limit (or, a maximum of 88 hours) if the program is accredited in good standing (i.e., without warning or a proposed or confirmed adverse action). Such requests must be prepared in accordance with the ACGME's RRC Procedures for Duty Hours Exceptions and submitted to the Dean's Council for Graduate Medical Education for approval before submission to the Residency Review Committee. The program director must submit a written request to the Chair, DCGME, which contains the following information:

- 1. Educational Rationale: The duration of the exception and the service assignments, rotations, and/or level(s) of training for which the exception is requested should be identified. The request must be based on a sound educational rationale and described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program will be considered the exception, not the rule.

2. Patient Safety: A description of how the program and institution will monitor, evaluate, and ensure patient safety with extended resident work hours.
3. Moonlighting Policy: Specific information regarding the program's moonlighting policies for the periods in question must be included.
4. Call Schedules: Specific information regarding the resident call schedules during the times specified for the exception must be provided.
5. Faculty Monitoring: Evidence of faculty development/education activities regarding the effects of resident fatigue and sleep deprivation must be appended.

G. MOONLIGHTING

Residency training is to be a full-time endeavor and the Hospital requires program directors to ensure that the residents' moonlighting activities do not interfere with the ability of the resident to achieve the goals and objectives of the program. The following policies apply to all programs and residents:

1. Each program must provide its residents with a written, program-specific policy on moonlighting that complies with the ACGME's Institutional Requirements (III.D.1.k) and RRC requirements for the specialty.
2. The program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
3. The program director must monitor each resident's performance for the effect of moonlighting activities upon performance. Should adverse effects be noted, the program director may withdraw approval for and/or restrict the resident's moonlighting activities.
4. Internal and external moonlighting activities must be counted toward the 80-hour weekly limit on duty hours.
5. PGY-1 residents are not permitted to moonlight.
6. Each resident must submit to the program director a prospective, written request for approval of all moonlighting activities, which must be signed by the program director and maintained as a part of the residents' permanent record.
7. Residents cannot be required to engage in moonlighting activities.
8. Residents may undertake moonlighting activities only in accordance with the policies and guidelines established by the individual residency programs.
9. Residents participating in moonlighting activities at institutions other than UAB Hospital must be fully licensed to practice medicine in the State of Alabama, have a current Alabama Controlled Substance Certificate (ACSC), and be issued a personal DEA number.
10. Residents must use their individual DEA numbers for moonlighting activities. The institutional number cannot be used for moonlighting activities.
11. Professional liability insurance coverage for moonlighting activities at institutions other than UAB Hospital is not provided by the Hospital. It is the responsibility of the institution hiring the resident to moonlight to determine whether appropriate licensure is in place, whether adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.

H. EVALUATION

The program director must develop and implement program-specific policies and procedures for evaluating resident performance, the performance of faculty, and the educational effectiveness of the program. When available, evaluation should be guided by specific national standards-based criteria. Such policies and procedures must include methods for utilizing the results of evaluations to improve resident performance, gauge the effectiveness of the teaching faculty and the quality of education provided by the program.

1. **Resident Evaluation:** Each resident's performance must be evaluated throughout the training program, the results of evaluations communicated to each resident, and the results of evaluations used to improve resident performance. Each program's evaluation procedures must include:

- a) Each program must utilize evaluation tools and methods that produce an accurate assessment of each resident's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Each program must establish procedures for providing regular and timely feedback to residents regarding their performance. The following policies apply to all programs and residents:
 - 1) Supervising faculty should complete an evaluation of each resident's performance at the completion of each rotation.
 - 2) The program director must maintain a record of each resident's evaluations, and the results of evaluations must be made available to each resident.
 - (a) The resident should review and sign each evaluation completed by a faculty supervisor.
 - (b) Residents should be granted access to their files for review of evaluations in the presence of the program director, or his designee.
 - 3) The program director must prepare a written semiannual evaluation of each resident's performance and communicate this evaluation to the resident in a timely manner.
 - 4) The program director, or his designee, must meet with each resident at least twice per year to review evaluations and discuss the resident's performance and progress in the program.
 - 5) The program director, in conjunction with the faculty and residents, must develop a process for use of assessment results to achieve progressive improvement in the residents' competence and performance.
 - 6) The program director must prepare a final, written evaluation for each resident completing the program, which includes a review of the resident's performance during the final period of training and verification that the resident has demonstrated sufficient professional ability to practice competently and independently.
 - 7) The program director must maintain the final evaluation in each resident's permanent record.
 - 8) The program director must forward a copy of the final evaluation for each resident to Graduate Medical Education Department for the resident's permanent institutional record.
- 2. **Faculty Evaluation:** The program director must ensure that evaluation of the teaching faculty is performed in accordance with the ACGME Common Program Requirements and specialty-specific program requirements. The performance of the teaching faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.
- 3. **Program Evaluation:** The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
 - 1) **Education Committee:** Program personnel must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The committee must include at a minimum the program director, representative faculty, and one resident. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report by the Hospital's DCGME, and the residents' confidential written evaluations. If deficiencies are found, the group should

prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

- 2) **Outcome Assessment:** The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.
- 3) **Performance of Graduates:** The performance of program graduates on the board certification examination should be used as one measure of evaluating program effectiveness.

I. **EXPERIMENTATION AND INNOVATION**

Resident participation in projects that deviate from the program requirements requires prior approval of the ACGME Residency Review Committee. In preparing requests, the program director must follow Procedures for Approving Proposals for Experimentation or Innovative Procedures located in the ACGME Manual on Policies and Procedures. When the Residency Review Committee approves a project, the sponsoring institution and the program are jointly responsible for the quality of education offered to residents for the duration of the project

SECTION IX: IMPAIRED PHYSICIANS

Impairment is defined as the inability of a resident to physically, mentally or morally meet his/her responsibilities as caused by dependency on alcohol and/or controlled pharmaceuticals, psychiatric disease, physical illness/injury, or dementia as a consequence of age or other conditions.

The Hospital, UASOM, Dean's Council for Graduate Medical Education, and program directors recognize their responsibilities to patients, medical staff, residents, and the community-at-large to ensure that residents enrolled in graduate medical education programs are physically, mentally and morally competent to meet their designated responsibilities. The Hospital does not assume a punitive role in cases of impairment but recognizes the importance of identifying and facilitating the treatment of any resident who is incapable of meeting his/her responsibilities because of impairment. Any resident who feels he may have a condition that may affect his/her abilities should seek immediate assistance and the counsel of his program director. Other avenues of assistance include, but are not limited to, the use of private counseling, the Faculty and Staff Assistance Program, Alcoholics Anonymous, the Jefferson County Committee on Well-Being of Physicians, the Alabama Physician Health Program of the Medical Association of the State of Alabama, and physician rehabilitation programs.

In cases of suspected impairment, the program director, or designated member of the program's faculty, shall follow the procedures indicated below:

- A.** A discreet investigation shall be conducted of any complaint, allegation or concern expressed by other residents, program faculty, medical staff, patients, Hospital employees, or the resident's family members.
- B.** If there is sufficient evidence of impairment, the program director will intervene with the resident, present the concerns and evidence reported, and determine if additional diagnostic testing is indicated.
- C.** If the resident accepts the results of the investigation, the program director will work with the resident to develop a plan of action for appropriate counseling, treatment, and/or rehabilitation.
- D.** The program director shall facilitate referral of the resident in accordance with the plan of action developed. The program director should work with the resident to monitor the rehabilitation process and act as an advocate for the resident with medical and teaching staff, other residents, and state review boards.
- E.** If a resident does not accept the demonstration of impairment and accept the plan of action, the program director shall have authority for immediate suspension or revocation of the resident's appointment.
- F.** All paid and unpaid leave taken by the resident will be in accordance with Annual Leave policies. During any period of unpaid leave, the resident must make arrangements for the payment of premiums for continuance of benefits, including health insurance. The resident is responsible for the cost of counseling, treatment, and rehabilitation exceeding the limits of coverage provided under the resident's health insurance.
- G.** The Designated Institutional Official must be notified of all cases of resident impairment, and receive reports on the results of the intervention, the plan for and results of diagnosis, treatment, and/or rehabilitation, the inclusive dates of the leave of absence, the dates of any leave planned as unpaid leave, and arrangements made for continuance of benefits during unpaid leave.
- H.** All records concerning impairment of a resident will be treated with strict confidentiality, in accordance with existing state and federal laws.

SECTION X: DISCIPLINARY PROCEDURES**A. ACADEMIC PROBATION**

The program director shall be authorized to place a resident on academic probation. Grounds for academic probation include performance judged to be unsatisfactory for the resident's level of training, unprofessional attitudes or conduct, or failure to comply with institutional and/or departmental policies and procedures. In all such cases, the program director shall provide the resident and Designated Institutional Official with written notification of such action which delineates specific reasons for the action, any previous counseling provided concerning the deficiency, the period of the probational status, requirements for removal of probationary status, and action to be taken should the resident fail to meet the requirements for removal of probationary status. Should a resident fail to comply with the requirements for removal of probationary status, the program director shall have authority to continue the resident's probationary status, require the resident to repeat specific portions of the educational program, or suspend or revoke the resident's appointment.

B. ADMINISTRATIVE PROBATION

The Designated Institutional Official (DIO) shall be authorized to place a resident on administrative probation for violations of the eligibility standards for becoming and remaining a resident in the training programs, as outlined in the Graduate Medical Education Policies and Procedures manual. Grounds for administrative probation include, but are not limited to, failure to complete the employment physical, failure to obtain certification in ACLS, failure to meet deadlines for obtaining passing scores for USMLE Steps 2 and 3, and/or failure to meet the deadline for obtaining the appropriate Alabama medical license. In all such cases, the DIO shall provide the resident and program director with written notification of such action which delineates specific reasons for the action, the period of the probational status, requirements for removal of probationary status, and action to be taken should the resident fail to meet the requirements for removal of probationary status. Should a resident fail to comply with the requirements for removal of probationary status, the DIO shall have authority to suspend the resident's appointment or revoke the resident's appointment.

C. SUSPENSION OR REVOCATION OF APPOINTMENT

- 1. Temporary Suspension:** The program director shall be authorized to suspend a resident's privileges for disciplinary purposes that are less urgent than those warranting permanent recall of privileges. Grounds for temporary suspension of privileges include violations of the Rules and Regulations of the Hospital, unprofessional conduct, and violations of medical records requirements. In all such cases, the resident and the Designated Institutional Official shall be notified in writing by the director. An opportunity for the resident concerned to have a hearing shall be afforded as provided in these policies. The Designated Institutional Official shall so notify the resident in writing. Otherwise, the Designated Institutional Official will act upon the program director's recommendation.
- 2. Revocation of Resident Appointment:** In all cases in which revocation of a resident's appointment has been recommended by the program director of a clinical department, the resident and the Designated Institutional Official shall be notified in writing by the director. An opportunity for the resident concerned to have a hearing shall be afforded as provided in these policies. If the resident wishes a hearing, he/she must submit a written request to the Secretary, Dean's Council for Graduate Medical Education within ten days after receipt of the notification letter. Otherwise, the Designated Institutional Official will act upon the program director's recommendation.

SECTION XI: GRIEVANCE PROCEDURES**A. GENERAL**

Residents and Program Directors are encouraged to work within their departments to address and resolve any issues of concern to the residents, including concerns related to the work environment, faculty, or the resident's performance in the program. All such concerns should be presented by the residents to their Program Directors for resolution. As set forth in Section X and Section XI, there are additional procedures for residents to request review of certain academic or other disciplinary actions taken against residents that could result in dismissal, nonrenewal of a resident's agreement or other actions that could significantly threaten a resident's intended career development.

B. INFORMAL ADJUDICATION

1. **Request for Informal Adjudication:** Informal Adjudication may be requested by a resident if a Program Director initiates an action (other than the actions that are subject to administrative probation in Section X.B or to review pursuant to Section XI.C below) that could significantly threaten a resident's intended career development, as determined solely by UAB. These actions include imposition of academic probation and requirements to repeat rotations or academic years. These actions do not include performance evaluations, which are in the sole discretion of the faculty completing the evaluations. To request Informal Adjudication, the resident must submit a written request to the Secretary, Dean's Council for Graduate Medical Education ("Secretary"), no later than five (5) days after imposition of the action. Failure to submit a written request within this time-period shall constitute a waiver of the resident's right to request an Informal Adjudication.
2. **Informal Adjudication:** The Informal Adjudication will be conducted by the Secretary and will consist of a record review of the file and any materials submitted by the Program Director and resident. The Secretary may, in her/his sole discretion, choose to interview the resident and Program Director and to consult with any other individual deemed appropriate. The Secretary will issue a written decision that will constitute UAB's final decision and is not subject to appeal.

C. HEARING PROCESS

1. **Request for Hearing:** A hearing may be requested by a resident when any of the following actions are imposed: a) nonrenewal of the resident's contract, b) temporary suspension, or c) revocation/termination of the resident's appointment. To request a hearing, the resident must submit a written request to the Secretary within ten days of the date of the written notice of the recommendation.
2. **Judicial Review Committee:** The Secretary shall appoint a Judicial Review Committee consisting of three members of the active medical and dental staff and two members of the housestaff who have not taken active part in consideration of the matter contested. The Secretary shall determine the time and place of the hearing and send a notice of same to the resident. Prior to the hearing, the resident and Program Director may submit material to the Secretary for the Judicial Review Committee's consideration. The resident, Program Director and Judicial Review Committee will be furnished with relevant material prior to the hearing.
3. **Conduct of the Hearing:** The hearing need not be conducted according to technical rules relating to evidence and witnesses. The Judicial Review Committee shall conduct the hearing in a manner it deems impartial to both parties. Any party shall be given a reasonable opportunity, on request, to refute matters of record by evidence or by written or oral presentation, or by reference to expert testimony by individuals having experience with the matter under review, or by reference to recognized articles and literature dealing with the matter.
4. **Hearing Decision:** The Judicial Review Committee may affirm, modify or reject the Program Director's recommendation. The Judicial Review Committee shall issue a written decision to the Program Director and to the resident. In the event of an adverse decision, the resident may choose to appeal the decision to the Dean's Council for Graduate Medical Education.

D. APPEAL PROCESS

1. **Request for Appeal:** An appeal may be requested by submitting a written request for appeal to the Secretary no later than ten days after the date of the written decision by the Judicial Review Committee. If an appeal is not requested with the ten-day period, the requesting party waives any right to an appeal by the Dean's Council for Graduate Medical Education. The Secretary may then act upon the decision of the Judicial Review Committee.
2. **Dean's Council for Graduate Medical Education:** The Dean's Council for Graduate Medical Education will meet to review the record and report of the Judicial Review Committee. No new evidence will be accepted or reviewed by the Dean's Council for Graduate Medical Education. The Dean's Council for Graduate Medical Education may, at its discretion, interview the program director and/or resident.
3. **Decision:** If the Dean's Council for Graduate Medical Education proposes to modify or reject a decision by the Judicial Review Committee, the Dean's Council for Graduate Medical Education will meet with the Judicial Review Committee to discuss the matter prior to issuing a final decision. A final written decision of the Dean's Council for Graduate Medical Education will be rendered after the meeting with the Judicial Review Committee and the decision shall constitute the final decision of UAB.

APPENDICES
for
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Academic Year: July 2012 - June 2013

University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham

APPENDIX 1

ADMINISTRATION OF GRADUATE MEDICAL EDUCATION

<u>UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE</u>		<u>Location</u>	<u>Telephone</u>
Dean	Ray L. Watts, M.D.	FOT 1203	934-1997
Chair, Dean's Council for Graduate Medical Education	Gustavo R. Heudebert, M.D.	BDB 327	934-2836
<u>UNIVERSITY OF ALABAMA HOSPITAL</u>		<u>Location</u>	<u>Telephone</u>
Chief Executive Officer	Michael R. Waldrum, M.D., M.S., M.B.A.	MEB 300	934-4444
Chief of Staff (University Hospital)	Arthur Boudreaux, M.D., M.S.H.A.	MEB 524	934-2242
Sr. Assoc. VP/ COO UAB Highlands Designated Institutional Official, Graduate Medical Education	Anthony Patterson, FACHE	UAB Highlands	930-7101
Graduate Medical Education Department	Jennie Craft David Bailey Jamie Moody Jacasta Wright	JT 136	934-4793

DEAN'S COUNCIL FOR GRADUATE MEDICAL EDUCATION

CHAIR: GUSTAVO R. HEUDEBERT, M.D., Assistant Dean for Medical Education and Professor, Department of Medicine, Division of Internal Medicine, University of Alabama School of Medicine and Professor, University of Alabama School of Public Health

VICE-CHAIR: JORGE I. DE LA TORRE, M.D., Professor, Department of Surgery, Division of Plastic Surgery, University of Alabama School of Medicine

SECRETARY: ANTHONY W. PATTERSON, FACHE, Designated Institutional Official/ Sr. Associate Vice-President/ COO UAB Highlands, University of Alabama Hospital

REGULAR MEMBERS

STEPHANIE AGRO, Program Coordinator, Physical Medicine and Rehabilitation, Dept. of Physical Medicine and Rehabilitation

C. BRUCE ALEXANDER, M.D., Professor and Vice Chairman, Department of Pathology, University of Alabama School of Medicine

BOYD L. BAILEY, M.D., Associate Professor, Department of Family and Community Medicine, University of Alabama School of Medicine

KHURRAM BASHIR, M.D., MPH, Associate Professor, Department of Neurology, University of Alabama School of Medicine

SUSAN BLACK, M.D., Professor, Department of Anesthesiology, University of Alabama School of Medicine

Graduate Medical Education Policies and Procedures

RONDA CHANDLER, Program Coordinator Pediatric Subspecialty programs, Department of Pediatrics

ANDREW R. EDWARDS, M.D., Associate Professor, Department of Emergency Medicine, University of Alabama School of Medicine

ALICE R. GOEPFERT, M.D., Associate Professor, Department of Obstetrics and Gynecology, University of Alabama School of Medicine

JASON R. HARTIG, M.D., Assistant Professor, Department of Medicine and Pediatrics, University of Alabama School of Medicine

LAURA B. KEZAR, M.D., Professor, Department of Physical Medicine and Rehabilitation, University of Alabama School of Medicine

ANN KLASNER, M.D., M.P.H., Professor, Department of Pediatrics, University of Alabama School of Medicine

SCOTT MAGNUSON, M.D., Associate Professor, Department of Surgery, Division of Otolaryngology, University of Alabama School of Medicine

WICKLIFFE (“Wick”) J. MANY, JR., M.D., Professor, Department of Medicine, Division of Montgomery Internal Medicine, University of Alabama School of Medicine

MICHELE H. NICHOLS, M.D., Professor, Department of Pediatrics, Division of Emergency Medicine, University of Alabama School of Medicine

JANIS P. O’MALLEY, M.D., Associate Professor and Director, Department of Radiology, Division of Nuclear Medicine, University of Alabama School of Medicine

NATHANIEL H. ROBIN, M.D., Professor, Department of Genetics, University of Alabama School of Medicine

JOSEPH C. SULLIVAN, III, M.D., Assistant Professor, Department of Radiology, University of Alabama School of Medicine

NANCY TOFIL, M.D., Assistant Professor, Department of Pediatrics, Division of Pediatric Critical Care, University of Alabama School of Medicine

MARSHALL M. URIST, M.D., Professor, Vice Chairman and Director, Department of Surgery, Division of General Surgery, University of Alabama School of Medicine

JULIE WALSH-COVARRUBIAS, M.Ed., Ed.D., Associate Professor, Department of Obstetrics and Gynecology, University of Alabama School of Medicine

LISA L. WILLETT, M.D., Associate Professor, Department of Medicine, Division of Internal Medicine, University of Alabama School of Medicine

EX OFFICIO MEMBERS

ARTHUR BOUDREAUX, M.D., Chief of Staff, UAB Hospital, Professor of Anesthesiology, Department of Anesthesiology, University of Alabama School of Medicine

H. HUGHES EVANS, Sr. Associate Dean for Medical Education, Professor, Department of Pediatrics, University of Alabama School of Medicine

DEBORAH F. GRIMES, RN, JD, Associate VP/ Chief Compliance Officer, UAB Hospital

SUSAN J. LAING, Ph.D., Associate Chief of Staff for Education, Birmingham Veterans Affairs Medical Center

TATUM McARTHUR, M.D., President, House Staff Council, Resident in Diagnostic Radiology

WILLIAM LIEVENS, M.D., Vice-President, House Staff Council, Resident in Clinical Neurophysiology

HENNESSY HOWELL, M.D., Secretary-Treasurer, House Staff Representative, Resident in Medicine-Pediatrics

BENJAMIN B. TAYLOR, M.D., Chief Quality and Safety Officer, UAB Hospital, Assistant Professor, Department of Medicine, Division of Internal Medicine, University of Alabama School of Medicine

Four additional House Staff Representatives

APPENDIX 2
ACGME-ACCREDITED AND OTHER PROGRAMS SPONSORED BY UAB HOSPITAL

ACADEMIC DEPARTMENT	RESIDENCY PROGRAMS	SUBSPECIALTY PROGRAMS	PROGRAM DIRECTOR	CAMPUS ADDRESS	CAMPUS PHONE
		Allergy/ Immunology	T. Prescott Atkinson, M.D.	CPP, Suite 220 - Zip 0011	996-9121
Anesthesiology	Anesthesiology		Susan Black, M.D.	JT 920 - Zip 6810	934-6525
		Anesthesiology Cardiothoracic	Frederick Hensley, Jr., M.D.	JT 823 – Zip 6810	996-9571
		Anesthesiology Critical Care	William T. O'Byrne, III, M.D.	JT 823 - Zip 6810	996-9571
		Pain Management	Peter A. Nagi, M.D.	JT 823 - Zip 6810	996-9571
Dentistry	General Practice Dentistry		John M. Coke, D.D.S.	RWUH B-50 - Zip 3280	934-2559
	Maxillofacial Prosthetics		Keith Kinderknecht, D.M.D.	SDB 617 – zip 0007	934-8506
	Oral Surgery		Patrick J. Louis, D.D.S., M.D.	SDB 419 - Zip 0007	934-5334
Dermatology	Dermatology		Boni Elewski, M.D.	EFH 414 - Zip 0009	975-4917
		Procedural Dermatology	Conway C. Huang, M.D.	EFH 414 - Zip 0009	801-8406
Dermatology/ Pathology		Dermatopathology	C. Bruce Alexander, M.D.	WP P220 - Zip 7331	934-4060
Emergency Medicine	Emergency Medicine		Andrew Edwards, M.D.	JT J238 - Zip 7013	934-3640
Human Genetics	Medical Genetics		Nathaniel Robin, M.D.	Kaul Bldg – 210 – Zip 0026	975-6867
Medical Genetics/ Internal Medicine			Nathaniel Robin, M.D.	Kaul Bldg – 210 – Zip 0026	975-6867
Medical Genetics/ Pediatrics			Nathaniel Robin, M.D.	Kaul Bldg – 210 – Zip 0026	975-6867
Medicine	Internal Medicine		Lisa Willett, M.D.	BDB 327 - Zip 0012	934-9666
		Cardiovascular Disease	Steven Lloyd, M.D.	LHRB 306 - Zip 0007	934-0820
		Clinical Cardiac Electrophysiology	G. Neal Kay, M.D.	THT 321J - Zip 0006	934-1335
		Interventional Cardiology	Brigitta Brott, M.D.	FOT 920 – Zip 3407	934-7898
		Endocrinology/Metabolism	Fernando Ovalle, M.D.	FOT 702D- Zip 3407	934-4171
		Gastroenterology	Mel Wilcox, M.D.	ZRB 634 – Zip 0007	996-9752
		Geriatric Medicine	Caroline Harada, M.D.	CH19 201 - Zip 2041	996-4135
		Hematology/Oncology	Lisle Nabell, M.D.	NP 2540	934-2721
		Infectious Diseases	Victoria Johnson, M.D.	THT 229 - Zip 0006	934-5191
		Nephrology	Dan Balkovetz, M.D.	ZRB 624 - Zip 0007	934-2186
		Hospice and Palliative Care Medicine	Heather Harrington, M.D.	CH19 219	975-8197
		Pulmonary Disease, Allergy and Critical Care Medicine	J. Allen D. Cooper, Jr., M.D.	THT 429 - Zip 0006	934-4328
		Rheumatology	Laura Hughes, M.D.	FOT 802D- Zip 3407	934-4212

ACADEMIC DEPARTMENT	RESIDENCY PROGRAMS	SUBSPECIALTY PROGRAMS	PROGRAM DIRECTOR	CAMPUS ADDRESS	CAMPUS PHONE
Neurology	Neurology		Khurram Bashir, M.D.	Sparks Center 339C - Zip 0017	975-0447
		Child Neurology	Tony McGrath, M.D.	CHB 314- Zip 0011	996-7850
		Clinical Neurophysiology	Shin J. Oh, M.D.	Sparks Center 274 – Zip 0017	934-2120
		Neuromuscular Medicine	Gwen Claussen, M.D.	Sparks Center 274 – Zip 0017	934-2120
		Vascular Neurology	Ivan Lopez, M.D.	Sparks Center 339C - Zip 0017	975-0447
Obstetrics & Gynecology	Obstetrics & Gynecology		Alice Goepfert, M.D.	WIC 5328	934-5631
		Gynecologic Oncology	Michael Straughn, M.D.	WIC 10250	934-4986
		Maternal-Fetal Medicine	John Owen, M.D.	WIC 10270A	934-4226
		Reproductive Endo. & Infertility	G. Wright Bates, Jr., M.D.	WIC 10390	934-1030
		Female Pelvic Medicine & Reconstructive Surgery	R. Edward Varner, M.D.	WIC 10382	934-7874
Ophthalmology	Ophthalmology		Russell W. Read, M.D.	EFH 601-Zip 0009	325-8507
Pathology	Pathology		C. Bruce Alexander, M.D.	WP P220 - Zip 7331	934-4060
		Blood Banking/ Transfusion Medicine	Marisa Marques, M.D.	WP P230 - Zip 7331	934-7774
		Cytopathology	Isam Eltoum, M.D.	KB 602 - Zip 6823	975-8898
		Dermatopathology (See Dermatology)			
		Forensic Pathology	Gregory G. Davis, M.D.	CGH 601 - Zip 1924	930-3603
		Hematopathology	Vishnu Reddy, M.D.	NP3556B - Zip 6823	975-0997
		Neuropathology	Cheryl A. Palmer, M.D.	PD6A 175E - Zip 4550	934-2164
Pediatrics	Pediatrics		Michele K. Nichols, M.D.	ACC 604 - Zip 0011	934-5004
		Adolescent Medicine	Marsha Sturdevant, M.D.	MCT 201- Zip 0011	939-6971
		Neonatal/ Perinatal Medicine	Namasivayam Ambalavanan, M.B.B.S.	NHB 525 - Zip 6852	934-6473
		Pediatric Critical Care	Margaret K. Winkler, M.D.	ACC 504 - Zip 0011	934-1342
		Pediatric Emergency Medicine	Ann Klasner, M.D., M.P.H.	MTC 205 - Zip 0011	939-9587
		Pediatric Endocrinology	Kenneth L. McCormick, M.D.	ACC 608 - Zip 0011	934-5275
		Pediatric Gastroenterology	Jeanine Maclin, M.D.	ACC 618 - Zip 0011	939-9953
		Pediatric Hematology/Oncology	Roger L. Berkow, M.D.	ACC 512- Zip 0011	939-5423
		Pediatric Infectious Disease	Masako Shimamura, M.D.	CHB 308 - Zip 0011	996-7782
		Pediatric Nephrology	Frank Tenney, M.D.	ACC 516 – Zip 0011	939-9781
		Pediatric Pulmonology	Wynton Hoover, M.D.	ACC 620 - Zip 0011	939-5796
		Pediatric Rheumatology	Randy Cron, M.D.	CPP, Suite 220 - Zip 0011	996-9121
		Medicine/Pediatrics	Jason R. Hartig, M.D.	ACC 620 - Zip 0011	939-5796

Graduate Medical Education Policies and Procedures

ACADEMIC DEPARTMENT	RESIDENCY PROGRAMS	SUBSPECIALTY PROGRAMS	PROGRAM DIRECTOR	CAMPUS ADDRESS	CAMPUS PHONE
		Sleep Medicine	David Lozano, M.D.	ACC 620 – Zip 0011	939-5796
Physical Medicine & Rehabilitation	Physical Medicine & Rehabilitation		Amie Jackson, M.D.	SRC 195 – Zip 7330	996-6685
		Pediatric PM&R	Drew Davis, M.D.	ACC 406 - Zip 0011	996-6685
Psychiatry	Psychiatry		Laura Montgomery- Barefield, M.D.	EFH 340 – Zip 0009	934-3130
		Child & Adolescent Psychiatry	Lee I. Ascherman, M.D.	SPC 329 - Zip 0018	975-8204
		Geriatric Psychiatry	Bates Redwine, M.D.	CPM 240 – Zip 0018	934-6054
Radiation Oncology			John Fiveash, M.D.	WTI 114 - Zip 6832	975-0224
Radiology	Diagnostic Radiology		Joseph Sullivan, III M.D.	JT N338- Zip 6830	934-3166
		Neuroradiology	Glenn H. Roberson, M.D.	WP P-150	934-3920
		Vascular/Interventional Radiology	Rachel Oser, M.D.	NHB H623C - Zip 6830	975-4850
	Nuclear Medicine		Jon A. Baldwin, M.D.	JT 230 - Zip 6835	934-1388
Surgery	General Surgery		John Porterfield, M.D.	KB 321 - Zip 0016	934-3065
		Pediatric Surgery	Mike Chen, M.D.	ACC 300 - Zip 0011	934-5282
		Plastic Surgery	Jorge de la Torre, M.D.	FOT 1164 – Zip 3409	934-2307
		Surgical Critical Care	Donald Reiff, M.D.	KB 120 - Zip 0016	975-3030
		Thoracic & Cardiovascular Surgery	William Holman, M.D.	ZRB 739 – Zip 0007	934-3853
		Vascular Surgery	William Jordan, M.D.	BDB 503 - Zip 0012	934-2003
	Neurosurgery		Mark N. Hadley, M.D.	FOT 1060 – Zip 3409	934-2918
	Orthopaedics		Steven Theiss, M.D.	FOT 940 – Zip 3409	930-8494
		Orthopaedic/ Hand Surgery	Thomas R. Hunt III, M.D.	Orthopaedic Specialties Bldg.	930-8494
	Otolaryngology		J. Scott Magnuson, M.D.	BDB 563 - Zip 6889	934-9765
	Urology		Peter N. Kolettis, M.D.	FOT 1105 - Zip 3411	934-1461
PROGRAMS LOCATED OTHER CAMPUSES					
Huntsville	Family Practice		Ralph Samlowski, M.D.	UAB Health Center 301 Governors Drive, SW Huntsville, AL 35801	256-551-4632
Montgomery	Internal Medicine		Wickliffe J. Many, Jr., M.D.	4371 Narrow Lane Road, Suite 200 Montgomery, AL 36116	334-288-8933
Selma	Family Practice		Boyd L. Bailey, M.D.	1023 Medical Center Parkway, Suite 200 Selma, AL 36701	334/875-4184

APPENDIX 3

DISTRIBUTION OF SCRUB SUITS and WHITE COATS BY CATEGORY

	EXEMPT PROGRAMS: RESIDENTS ARE ISSUED 1 SCRUB SUIT EACH AND USE SCRUB SUITS PROVIDED IN O.R. OR L&D.	NON-EXEMPT PROGRAMS: REQUIRE SCRUB SUITS - RESIDENTS ISSUED 5 SCRUB SUITS EACH	NON-EXEMPT PROGRAMS: DO NOT REQUIRE SCRUB SUITS - RESIDENTS ISSUED 2 SCRUB SUITS EACH	SCRUBS ISSUED THROUGH CHILDREN'S HOSPITAL
4 LAB COATS:	Anesthesiology General Surgery Neurosurgery Obstetrics & Gynecology Oral Surgery Orthopaedics Otolaryngology Urology	Dermatology Diagnostic Radiology Emergency Medicine Maxillofacial Prosthetics Medicine/Pediatrics Neurology Pathology Pediatrics Pediatrics/ Medical Genetics	Family Practice Internal Medicine Medical Genetics Internal Medicine/Medical Genetics Nuclear Medicine Ophthalmology Physical Medicine & Rehabilitation Psychiatry Radiation Oncology	
3 LAB COATS:	Critical Care Anesthesiology CV Anesthesiology Female Pelvic Medicine Gynecologic Oncology Maternal-Fetal Medicine Orthopaedic-Hand Surgery Pain Management Anesthesiology Pediatric Surgery Plastic Surgery Reproductive Endocrinology Surgical Critical Care Thoracic & Cardiovascular Surgery Vascular Surgery	Cardiovascular Disease Child Neurology Clinical Cardiac Electrophysiology Clinical Neurophysiology Cytopathology Endovascular Surgical Neuroradiology Interventional Cardiology Forensic Pathology Hospital Dentistry Neonatal/Perinatal Medicine Neuropathology Neuroradiology Procedural Dermatology Sleep Medicine Vascular Neurology Vascular/Interventional Radiology	Allergy and Immunology Blood Banking/Transfusion Med. Child & Adolescent Psychiatry Dermatopathology Endocrinology/Metabolism Gastroenterology Geriatric Medicine Geriatric Psychiatry Hematology/Oncology Hematopathology Infectious Diseases Molecular Genetic Pathology Nephrology Palliative Care Medicine Pulmonary Disease/Critical Care Medicine Rheumatology Spinal Cord Injury Medicine	Pediatric Adolescent Medicine Pediatric Critical Care Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology/Oncology Pediatric Infectious Disease Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Surgery PM&R Pediatrics

APPENDIX 4

DEA Number/Controlled Substance Permit

PROGRAMS NOT PRESCRIBING CONTROLLED SUBSTANCES (RESIDENTS NOT REQUIRED TO OBTAIN A DEA NUMBER/ CONTROLLED SUBSTANCE PERMIT). RESIDENTS CANNOT PRESCRIBE CONTROLLED SUBSTANCES USING THE HOSPITAL DEA NUMBER/ CONTROLLED SUBSTANCE PERMIT	PROGRAMS PRESCRIBING CONTROLLED SUBSTANCES (RESIDENTS REQUIRED TO OBTAIN A DEA NUMBER/CONTROLLED SUBSTANCE PERMIT)		
Blood Banking/Transfusion Medicine Cytopathology Diagnostic Radiology Dermatology Dermatopathology Forensic Pathology Hematopathology Molecular Genetic Pathology Nuclear Medicine Neuropathology Neuroradiology Pathology Procedural Dermatology Vascular Interventional Radiology	Adolescent Medicine Allergy and Immunology Anesthesiology Cardiovascular Disease Child & Adolescent Psychiatry Child Neurology Clinical Cardiac Electrophysiology Clinical Neurophysiology Critical Care Anesthesiology Endocrinology/Metabolism Emergency Medicine Family Practice Female Pelvic Medicine Gastroenterology General Surgery Geriatric Medicine Geriatric Psychiatry Gynecologic Oncology Hematology/Oncology	Infectious Diseases Internal Medicine Interventional Cardiology Maternal-Fetal Medicine Maxillofacial Prosthetics Medical Genetics Nephrology Neonatal/ Perinatal Medicine Neurology Neurosurgery Obstetrics & Gynecology Oral Surgery Orthopaedics Orthopaedics-Hand Surgery Otolaryngology Ophthalmology Pain Management Anesthesiology Pediatrics Physical Medicine & Rehabilitation Plastic Surgery Psychiatry	Pulmonary Disease/Critical Care Radiation Oncology Reproductive Endocrinology Rheumatology Sleep Medicine Spinal Cord Injury Medicine Surgical Critical Care Thoracic & Cardiovascular Surgery Urology Vascular Neurology Vascular Surgery Pediatric Critical Care Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology/Oncology Pediatric Infectious Disease Pediatric Nephrology Pediatric Pulmonology Pediatric Radiology Pediatric Surgery

**University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham
Graduate Medical Education
Policy on Educational Resources for
Pain Medicine Training Program**

Background

The University of Alabama Hospital, the Sponsoring Institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham and the programs offered at other campuses of the University of Alabama School of Medicine, provides support to one Pain Medicine training program. Because pain medicine is a multidisciplinary approach to a common problem, the ACGME requires that there be an institutional policy governing the educational resources committed to pain medicine. This policy ensures cooperation of all involved disciplines.

Effective July 2007, there may be only one ACGME-accredited pain medicine program within a sponsoring institution, and a single multidisciplinary pain medicine fellowship committee to regularly review the program's resources and its attainment of its stated goals and objectives.

Purpose

The purpose of this policy is to ensure that the educational training experience for the sponsored pain medicine program complies with the institutional and program-specific RRC requirements, and that the allocation of clinical and other resources is monitored.

Monitoring and compliance

The pain medicine program director is assigned the primary responsibility for organizing the educational program for each pain medicine trainee and to assure cooperation among all involved disciplines.

The pain medicine program director will perform an annual review of program effectiveness and submit a written report to the GME Office. The report will be reviewed by the Dean's Council for Graduate Medical Education (Dean's Council). As a follow-up, the program director may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified. The Designated Institutional Official (DIO) and Dean's Council Chair may also request that the program director meet with the Dean's Council when the report is reviewed.

The DIO, the Chair of the Dean's Council for GME, and the Dean's Council will also monitor the educational resources committed to the pain medicine training program through the Annual DCGME Questionnaire, the Internal Review process, ACGME accreditation letters and correspondence, and the ACGME Resident/Fellow Surveys. As a follow-up, program directors may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified.

If difficulties in the distribution of resources committed to pain medicine training are identified, the Chair of the Dean's Council and the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The findings will be reported to the Dean's Council Executive Committee (Executive Committee), which may meet with the Pain Medicine Program Director and other hospital/institutional officials. The Executive Committee's recommendations will be forwarded for approval to the Dean's Council.

Any request for program changes in pain medicine would be reviewed through customary Dean's Council processes.

Reviewed and Approved by Dean's Council for Graduate Medical Education: 10/06/2009

**University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham
Graduate Medical Education
Policy on Educational Resources for
Critical Care Anesthesiology Training Program**

Background

The University of Alabama Hospital, the Sponsoring Institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham and the programs offered at other campuses of the University of Alabama School of Medicine, provides support to one Anesthesiology Critical Care training program. The ACGME requires that there be an institutional policy governing the educational resources committed to critical care assuring cooperation of all involved disciplines.

Purpose

The purpose of this policy is to ensure that the educational training experience for the sponsored critical care program complies with the institutional and program-specific RRC requirements, and that the allocation of clinical and other resources is monitored.

Monitoring and compliance

The anesthesiology critical care program director is assigned the primary responsibility for organizing the educational program for each critical care trainee and to assure cooperation among all involved disciplines.

The critical care program director will perform an annual review of program effectiveness and submit a written report to the GME Office. The report will be reviewed by the Dean's Council for Graduate Medical Education (Dean's Council). As a follow-up, the program director may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified. The Designated Institutional Official (DIO) and Dean's Council Chair may also request that the program director meet with the Dean's Council when the report is reviewed.

The DIO, the Chair of the Dean's Council for GME, and the Dean's Council will also monitor the educational resources committed to the critical care training program through the Annual DCGME Questionnaire, the Internal Review process, ACGME accreditation letters and correspondence, and the ACGME Resident/Fellow Surveys. As a follow-up, program directors may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified.

If difficulties in the distribution of resources committed to critical care training are identified, the Chair of the Dean's Council and the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The findings will be reported to the Dean's Council Executive Committee (Executive Committee), which may meet with the Program Director and other hospital/institutional officials. The Executive Committee's recommendations will be forwarded for approval to the Dean's Council.

Any request for program changes in critical care would be reviewed through customary Dean's Council processes.

Reviewed and Approved by Dean's Council for Graduate Medical Education: 4/06/2010

**University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham
Graduate Medical Education
Policy on Educational Resources for
Adult Cardiothoracic Anesthesiology Training Program**

Background

The University of Alabama Hospital, the Sponsoring Institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham and the programs offered at other campuses of the University of Alabama School of Medicine, provides support to one Adult Cardiothoracic Anesthesiology training program. The ACGME requires that there be an institutional policy governing the educational resources committed to the Adult Cardiothoracic Anesthesiology program assuring cooperation of all involved disciplines.

Purpose

The purpose of this policy is to ensure that the educational training experience for the sponsored Adult Cardiothoracic Anesthesiology program complies with the institutional and program-specific RRC requirements, and that the allocation of clinical and other resources is monitored.

Monitoring and compliance

The adult cardiothoracic anesthesiology program director is assigned the primary responsibility for organizing the educational program for each adult cardiothoracic anesthesiology trainee and to assure cooperation among all involved disciplines.

The adult cardiothoracic anesthesiology program director will perform an annual review of program effectiveness and submit a written report to the GME Office. The report will be reviewed by the Dean's Council for Graduate Medical Education (Dean's Council). As a follow-up, the program director may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified. The Designated Institutional Official (DIO) and Dean's Council Chair may also request that the program director meet with the Dean's Council when the report is reviewed.

The DIO, the Chair of the Dean's Council for GME, and the Dean's Council will also monitor the educational resources committed to the adult cardiothoracic anesthesiology training program through the Annual DCGME Questionnaire, the Internal Review process, ACGME accreditation letters and correspondence, and the ACGME Resident/Fellow Surveys. As a follow-up, program directors may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified.

If difficulties in the distribution of resources committed to adult cardiothoracic anesthesiology training are identified, the Chair of the Dean's Council and the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The findings will be reported to the Dean's Council Executive Committee (Executive Committee), which may meet with the Program Director and other hospital/institutional officials. The Executive Committee's recommendations will be forwarded for approval to the Dean's Council.

Any request for program changes in adult cardiothoracic anesthesiology would be reviewed through customary Dean's Council processes.

Reviewed and Approved by Dean's Council for Graduate Medical Education: 4/06/2010

**University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham
Graduate Medical Education
Policy on Educational Resources for
Pediatric Critical Care Training Program**

Background

The University of Alabama Hospital, the Sponsoring Institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham and the programs offered at other campuses of the University of Alabama School of Medicine, provides support to one Pediatric Critical Care training program. The ACGME requires that there be an institutional policy governing the educational resources committed to critical care assuring cooperation of all involved disciplines.

Purpose

The purpose of this policy is to ensure that the educational training experience for the sponsored critical care program complies with the institutional and program-specific RRC requirements, and that the allocation of clinical and other resources is monitored.

Monitoring and compliance

The pediatric critical care program director is assigned the primary responsibility for organizing the educational program for each critical care trainee and to assure cooperation among all involved disciplines.

The pediatric critical care program director will perform an annual review of program effectiveness and submit a written report to the GME Office. The report will be reviewed by the Dean's Council for Graduate Medical Education (Dean's Council). As a follow-up, the program director may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified. The Designated Institutional Official (DIO) and Dean's Council Chair may also request that the program director meet with the Dean's Council when the report is reviewed.

The DIO, the Chair of the Dean's Council for GME, and the Dean's Council will also monitor the educational resources committed to the critical care training program through the Annual DCGME Questionnaire, the Internal Review process, ACGME accreditation letters and correspondence, and the ACGME Resident/Fellow Surveys. As a follow-up, program directors may be asked to submit a Dean's Council progress report on corrective actions for resolution of any issues identified.

If difficulties in the distribution of resources committed to critical care training are identified, the Chair of the Dean's Council and the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The findings will be reported to the Dean's Council Executive Committee (Executive Committee), which may meet with the Program Director and other hospital/institutional officials. The Executive Committee's recommendations will be forwarded for approval to the Dean's Council.

Any request for program changes in critical care would be reviewed through customary Dean's Council processes.

Reviewed and Approved by Dean's Council for Graduate Medical Education: 4/03/2012

Equal Opportunity and Discriminatory Harassment Policy

EQUAL OPPORTUNITY and DISCRIMINATORY HARASSMENT POLICY

November 8, 2011

(Replaces policy dated January 7, 2010)

See also UAB's "Policy Concerning Consensual Romantic Relationships".

Policy Statement

The University of Alabama at Birmingham (UAB) hereby reaffirms its policy of equal opportunity in education and employment.

Equal Employment Opportunity

The University of Alabama at Birmingham is expressly committed to maintaining and promoting nondiscrimination in all aspects of recruitment and employment of individuals at all levels throughout UAB. In accordance with applicable law, UAB prohibits, and will not tolerate, discrimination in any personnel actions, UAB programs, and UAB facilities on the basis of race, color, religion, sex, national origin, disability unrelated to job performance, veteran status, or genetic or family medical history. In addition, UAB prohibits, and will not tolerate, discrimination against individuals on the basis of their sexual orientation, gender identity or gender expression. UAB also complies with the Age Discrimination in Employment Act which prohibits employment discrimination against persons 40 years of age or older. UAB will not tolerate any conduct by an administrator, supervisor, faculty, or staff member which constitutes any form of prohibited discrimination. All personnel actions, programs, and facilities are administered in accordance with UAB's equal opportunity commitment and affirmative action plan.

UAB will state its position as an equal opportunity/affirmative action employer in all solicitations and advertisements for employment vacancies placed by, or on behalf of, UAB. UAB will broadly publish and circulate its policy of equal employment opportunity by including a statement in all media communication and printed matter for employment purposes. Further, UAB will consider, through appropriate established procedures, complaints of any individual who has reason to believe that he or she has been affected by prohibited discrimination. See also the "Complaints" section below.

Equal Education Opportunity

As an institution of higher education and in the spirit of its policies of equal employment opportunity, UAB hereby reaffirms its policy of equal educational opportunity. UAB prohibits, and will not tolerate, discrimination in admission, educational programs, and other student matters on the basis of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status, or genetic or family medical history. Complaints by any applicant or student who has reason to think he or she has been affected by discrimination will be considered through appropriate established procedures. See also the "Complaints" section below.

This policy must be included in all student handbooks and catalogs. The following summary statement may be printed in other UAB publications:

The University of Alabama at Birmingham prohibits discrimination in admission, educational programs, and other student matters on the basis of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status or genetic or family medical history.

Discriminatory Harassment Policy

In keeping with its commitment to maintaining an environment that is free of unlawful discrimination and in keeping with its legal obligations, UAB prohibits unlawful harassment (and discouraging conduct that, while not unlawful, could reasonably be considered unwelcome).

Discriminatory harassment of any kind is not appropriate at UAB, whether it is sexual harassment or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status, genetic or family medical history, or any factor that is a prohibited consideration under applicable law. At the same time, UAB recognizes the centrality of academic freedom and its determination to protect the full and frank discussion of ideas. Thus, discriminatory harassment does not refer to the use of materials about or discussion of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status, or genetic or family medical history for scholarly purposes appropriate to the academic context, such as class discussions, academic conferences, or meetings.

A. Definitions and Description of Prohibited Conduct.

1. Sexual Harassment

Harassment on the basis of sex is a violation of Section 703 of Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972. *Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:*

- *Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment (or a student's status)*
- *Submission to or rejection of such conduct by an individual is used as the basis for employment decisions (or academic decisions) affecting such individual or*
- *Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance (or a student's academic performance) or creating an intimidating, hostile, or offensive work (or academic) environment.*

Under the law, sexual harassment does not refer to occasional compliments or conduct of a socially acceptable nature. Nor does it refer to the use of materials or discussion related to sex and/or gender for scholarly purposes appropriate to the academic context. It does refer to non-academic remarks or actions of a sexual nature that are not welcome and are likely to be viewed as personally offensive. This can include but is not limited to any of the following activities that are unwelcome by the recipient: physical or verbal advances; sexual flirtations; propositions; verbal abuse of a sexual nature; vulgar talk or jokes; degrading graphic materials or verbal comments of a sexual nature about an individual or his or her appearance; the display of sexually suggestive objects outside a scholarly context and purpose; and physical contact of a sexual or particularly personal nature. Cartoons, pictures, or other graphic materials that create a hostile or offensive working environment may also be considered as harassment. In addition, no one should imply or threaten that an employee's, applicant's, or student's "cooperation" with unwelcome sexual advances or requests for sexual favors (or refusal thereof) will have any effect on the individual's employment, assignment, compensation, advancement, career development, grades, or any other condition of employment or status as a student.

2. Discriminatory Harassment of a Non-Sexual Nature

The same principles related to sexual harassment also apply to harassment on the basis of any characteristic that is protected by law. Thus, UAB's policy prohibits discriminatory harassment of a non-sexual nature, which includes *verbal, physical, or graphic conduct that denigrates or shows hostility or aversion toward an individual or group on the basis of race, color, religion, sex, national origin, disability unrelated to job performance, veteran status, genetic or family medical history, or other status protected by applicable law and that*

- *Has the purpose or effect of creating an intimidating, hostile, or offensive employment, educational, or living environment; or*
- *Has the purpose or effect of unreasonably interfering with an individual's work performance or a student's academic performance.*

UAB also adopts these principles with regard to discrimination or discriminatory harassment on the basis of sexual orientation, gender identity and gender expression.

Prohibited behavior may, for example, include conduct or material (physical, oral, written, or graphic, including e-mail messages, text messaging or use of social media posted or circulated in the community) involving epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts, that serves no scholarly purpose appropriate to the academic context and gratuitously denigrates or shows hostility or aversion toward an individual or group because of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status, genetic or family medical history, or any factor protected by applicable law.

3. Applicability of Policy

In determining whether the conduct at issue is sufficient to constitute discriminatory harassment in violation of this policy, the conduct will be analyzed from the objective standpoint of a "reasonable person" under similar circumstances. No violation of the policy should be found if the challenged conduct would not create a hostile environment (i.e., substantially affect the work environment of a "reasonable person.") See EEOC Policy Guidance on Current Issues of Sexual Harassment at www.eeoc.gov.

All harassing conduct prohibited by this policy, whether committed by faculty, staff,

administrators, or students, is strictly prohibited and will bring prompt and appropriate disciplinary action, including possible termination of employment or permanent exclusion from UAB. This policy shall apply to any UAB-sponsored event or program, whether on or off campus, or other situations in which an individual is acting as a member of the UAB community.

The level of discipline imposed will depend upon the severity and pervasiveness of the conduct, which may be determined by the existence of prior incidents of harassment or discrimination. Depending upon the severity of the offense, however, a single violation of this policy may be sufficient for termination of employment or expulsion from an academic program.

B. Prohibition Against Retaliation.

Retaliation against an individual who, in good faith, complains about or participates in an investigation of an allegation of discrimination or harassment is prohibited. Any individual who feels he or she has been retaliated against, or has been threatened with retaliation, should report that allegation immediately to the Office of the Vice President for Equity and Diversity or to the Office of the Chief Human Resources Officer.

C. False Accusations.

Anyone who knowingly makes a false accusation of discrimination, harassment, or retaliation will be subject to appropriate sanctions. However, failure to prove a claim of discrimination, harassment, or retaliation does not, in and of itself, constitute proof of a knowing false accusation.

Complaints

For purposes of this policy, a "complaint" is a formal notification (usually in writing) of the belief that prohibited discrimination has occurred. Prior to filing a formal complaint, an individual is strongly encouraged to resolve a discrimination allegation through an informal process.

UAB Staff, Faculty, and Students: The procedure for resolving allegations when both the individual making the complaint and the person against whom the complaint is made are

employed or enrolled at UAB is described in the sections entitled "Informal Resolution Procedure" and "Submitting a Formal Complaint."

All Others: Situations that involve other individuals (for example, visitors, patients, alumni or former students, applicants for admission or employment, or former employees) who believe they have been discriminated against by someone either employed by, or enrolled at, UAB are to be addressed through the process entitled "Informal Resolution Procedure".

Informal Resolution Procedure

(NOTE: Procedures similar to the following informal process are also included in UAB's "Problem Resolution Procedure for Nonfaculty Employees" and in the UAB *Faculty Handbook and Policies*.)

Although none of the actions set forth below is required before an individual is eligible to file a formal complaint, UAB encourages use of these mechanisms for informal resolution of the complaint. This list is not exhaustive. Actions taken using any of these mechanisms do not necessarily constitute a finding of discrimination.

1. **One-on-one Meeting.** The person making the complaint is encouraged to meet with the person whose behavior is considered discriminatory to discuss the situation and to seek resolution.
2. **Intervention by Supervisor, Manager, or Department/Unit Head.** The person making the complaint is encouraged to contact his/her supervisor to request assistance with resolving the allegation of discrimination.
3. **Facilitated Conversation.** If one-on-one meetings or intervention by departmental officials as indicated above do not resolve the discrimination allegation, the individual making the complaint may contact the appropriate office to request the assistance of a "facilitator." Facilitated conversations allow the parties involved to discuss the relevant issues in order to seek mutually agreeable solutions.

Individuals may contact the following for assistance with any aspect of the Informal Resolution Procedure:

Employees may contact their assigned HR Consultant or Employee Relations.

Faculty employees may contact the Office of the Provost or Employee Relations.

Students may contact the Office of the Vice Provost for Student and Faculty Success.

Disability Support Services is available for consultation in any instances involving disabilities.

The Office of the Vice President for Equity and Diversity is also available for consultation.

Should the above mechanisms fail to resolve the matter satisfactorily, a complaint may be filed by *Staff, Faculty and Students* through the formal complaint process.

Potential Disciplinary Action

A violation of this policy may result in disciplinary action up to and including discharge.

Submitting a Formal Complaint

Before filing a formal complaint of alleged discrimination, the relevant parties are encouraged to use one or more of the options outlined above for informal resolution of the allegation. If one chooses to proceed with a complaint, the complaint may be submitted in writing to one of the following, as appropriate:

Staff and Faculty

HR Consultant/Employee Relations
Office of the Chief Human Resources Officer
Office of the Provost
Office of the Vice President for Equity and Diversity

Students

Non-academic Conduct Officer
Disability Support Services (for disability discrimination)
Office of the Vice Provost for Student and Faculty Success

To the extent possible, all complaints will be handled confidentially and addressed in accordance with UAB policy. The complaints will be referred to the appropriate area for review and investigations will be conducted in a timely manner. In instances where staff, faculty and student

issues overlap, the areas listed above will confer and/or work collaboratively to resolve the issue.

All individuals may use the procedures without penalty or fear of retaliation.

Also, any inquiries or complaints concerning the application of the Americans with Disabilities Act (ADA); Title VII of the Civil Rights Act of 1964; Executive Order 11246, as amended; Title IX of the Education Amendments of 1972; the Rehabilitation Act of 1973; or other legislation and its implementing regulations as they relate to the University of Alabama at Birmingham should be directed to one of the officials listed above.

Overall Implementation

The Office of the Vice President for Financial Affairs and Administration and the Office of the Provost are responsible for submitting revisions to be considered for this policy.

**The University of Alabama at Birmingham School of Medicine
and UAB Health System
Guidelines for Relationships with Industry
March 2009**

Background

Relationships between academic communities and industry, particularly pharmaceutical firms, have come under increasing scrutiny in large part because of both real and perceived conflict of interest. While this perception is true in some instances, it is not so for all medical care providers. The perception of conflict is a result of a common practice in which some physicians receive gifts, travel, and/or financial support from industry that, in turn, stands to receive financial gain from the physicians' medical care practices, particularly those related to major illnesses. The consequences of this perception have resulted in increased oversight of the activities of employees of industry and medical centers by the government, academic institutions and public.

The current interface between academic medical centers (AMC) and health care industry has resulted in standards of conduct issued by both the AAMC, the pharmaceutical industry and the medical device industry. The pharmaceutical industry standards are effective beginning January 1, 2009. The AAMC and medical device industry guidelines will be enforced by July 1, 2009. Toward this end, the UAB School of Medicine and UAB Health System (collectively "UAB AMC") have developed a set of standards expected of the UAB AMC faculty and staff.

The Relationship between the UAB AMC and Industry

At the outset, it should be recognized that the UAB AMC and industry have a relationship that is mutually interdependent. Many UAB AMC investigators receive grant support for the conduct of clinical trials that enhance the well being of patients receiving clinical care. These clinical trials not only provide monetary support for the institution, but also intellectual insight into improved medical care whether through the development of new therapeutics or interventions. In some circumstances, the knowledge derived from these trials provides data for new research applications.

A primary goal of the UAB AMC is to provide outstanding, state-of-the-art medical care. This care must be as free as possible of both real and perceived conflict of interest and competing interests. As conflicts are identified, they must be managed in a transparent fashion. Public perception is of the utmost importance and mandates transparency between the institution and the community. Only in a transparent environment will the trust that is required for outstanding medical care be generated. Toward this end, the guiding principles for the following document define a relationship with industry for all employees of the UAB AMC that manages 'competing interests' while being totally transparent. These principles are in accord with our goal of continuing to provide patient care of the highest quality.

Recommended Guidelines

The following guidelines are set forth to consciously and actively insulate clinical care decisions from any perceived or actual benefits accrued or expected from industry. They will need to be reviewed regularly and revised appropriately as the law and the expectations of the public and the medical profession evolve.

For the purpose of this document, the following definitions apply:

"UAB AMC employee or trainee" refers to any physician, faculty member, staff member, or other individual who is employed by the UAB School of Medicine ("SOM"), the UAB Health System, University Hospital, UAB Highlands, University of Alabama Health Services Foundation ("HSF"), Ophthalmology Services Foundation, UAB Family Medicine, The Valley Foundation, The Kirklin Clinic, The Kirklin Clinic at Acton Road, UAB Health Centers, the Huntsville, Montgomery and Selma residency program clinics, and any other clinical entity managed by UAB Health System that is exclusively staffed by SOM physicians. The term includes those individuals with either full-time or part-time employee status and those with regular, adjunct, voluntary, visiting, or emeritus status. Trainee includes any individual who is receiving formal education from the SOM, including medical residents employed by University Hospital, medical students, graduate students, post-doctoral scholars, visiting scholars and fellows.

"Industry" refers to pharmaceutical, device, equipment, supply and service providers.

"UAB AMC campus" refers to UAB AMC-owned or UAB AMC-leased buildings and property, including University Hospital, School of Medicine and other UAB-owned/leased clinical facilities. In addition, for purposes of this document, UAB AMC campus includes all clinical facilities owned or leased by HSF, including, but not limited to, The Kirklin Clinic, The Kirklin Clinic at Acton Road and UAB Health Centers.

These guidelines are operable in any clinical facilities in which "UAB AMC employees and trainees" practice and/or work, including, but not limited to, Children's Hospital, Cooper Green Hospital, and the VA Hospital, among other facilities.

1. PROVISION OF COMPENSATION OR GIFTS FROM INDUSTRY TO UAB AMC EMPLOYEES OR TRAINEES

- a. UAB AMC employees and trainees shall not accept any form of personal gift from industry or its representatives, regardless of the value or nature of the gift,
- b. **With the exception of food provided in connection with an ACCME-accredited program and in compliance with ACCME guidelines**, meals directly funded by industry shall not be provided on the UAB AMC campus. Industry-supplied food and meals are considered personal gifts and thus shall not be permitted or accepted on the UAB AMC campus. Similarly, UAB AMC employees and trainees are strongly discouraged from participating in non-ACCME accredited industry-sponsored meals off-campus.
- c. UAB AMC employees and trainees shall not use or display industry paraphernalia in patient care areas (i.e., pens, notepads, clipboards, etc), with the single exception of educational materials. These materials may be used at the discretion of the UAB AMC employee or trainee as needed within the clinical setting, but should not be on general display.
- d. With the exception of settings in which academic investigators are presenting results of their industry-sponsored studies to peers where there is opportunity for critical exchange of ideas, UAB AMC employees and trainees are strongly discouraged from participating in industry-sponsored Speakers' Bureaus. If a UAB AMC faculty member chooses to participate in an industry-sponsored, FDA-regulated program, this participation is considered external consulting and is governed by the UAB Faculty Handbook and Policies external consulting policy (3.5.1).

More than one presentation or seminar to a for-profit business per year requires the faculty member to seek approval for this activity.

- External consulting is allowed if it
 - a) does not interfere with faculty member responsibilities,
 - b) is limited in time,
 - c) is compatible with UAB interests, and
 - d) requires no significant use of UAB resources or facilities.

Prior approval must be received before external consulting services for a non-UAB entity may be performed. Faculty should complete the Faculty/Staff Disclosure for External or Internal Activity/Sponsored Research Submission that can be accessed through the UAB CIRB website (www.uab.edu/cirb). Faculty also are responsible for ensuring that consulting activities are conducted in accordance with UAB policies on conflicts of commitment and conflicts of interest, as well as UAB policies on disclosure of discoveries and inventions, patents, and computer software. When participating in consulting activities outside of UAB, the faculty member should not allow the name of the University of Alabama at Birmingham or UAB Health System to appear in any such manner as to indicate that UAB is participating in, or in any way is sponsoring, the activity or the project.

- The Conflicts of Commitment Policy requires written disclosure of the conflict to the appropriate UAB administrative officials, resolution of the conflict, and management of the conflict if permission to participate in the activity is granted.
- The Conflicts of Interest Policy requires written disclosure of the conflict to the appropriate UAB administrative officials, a determination of the conflict, resolution of the conflict, and a management plan.

e. UAB AMC employees or trainees who are simply attending a CME or other instructional activity and are not speaking or otherwise actively participating or presenting at the meeting may not accept compensation for attending the event; may not accept compensation for defraying costs related to attending the event; and may not accept personal gifts from industry at such events.

Relevant References and Policies

- UAB Conflicts of Interest Policy
- UAB Conflicts of Commitment Policy
- FDA Guidance for Industry: Industry Supported Scientific and Educational Activities
- UAB Hospital Interdisciplinary Standard: Gifts and Gratuities
- UAB Health System Administrative Standard: Interaction with Vendors
- UAB Health System Administrative Standard: Conflict of Interest

2. INVOLVEMENT IN PURCHASING DECISIONS

UAB AMC believes the management of potential conflicts of interest in purchasing decisions is best managed on a case-by-case basis. Therefore, to facilitate individual review of these cases, UAB AMC employees and trainees will: 1) complete annual disclosure statements listing their financial interests (e.g., equity ownership, compensated positions on advisory boards, a paid consultancy or other forms of a compensated relationship) with industry, and 2) when involved in evaluating or recommending the purchase of products or services to a UAB AMC entity, affirmatively disclose their financial interests with all potential vendors in the manner set forth by that UAB AMC entity. For purposes of this provision, financial relationship does not include the indirect ownership, through mutual funds or other investment vehicles, of equities in publicly

traded companies. UAB AMC purchasing entities will have access to the annual disclosure statements for purposes of working with the UAB AMC employee and trainee involved to review each case and take appropriate action with respect to evaluations or recommendations for the purchase of products or services from industry that involve potential conflicts of interest. The actions may range from recusal of the UAB AMC employee and/or trainee from the procurement decision altogether to a request for additional opinions from physicians who do not have a financial interest in the vendor. Participation in UAB AMC committees, such as the UAB Health System Infection Control Committee, and the UAB Health System Pharmacy and Therapeutics Committee, which recommends specific vendor products, will also be subject to annual disclosure statements and case-by-case review for potential conflicts of interest.

Relevant References and Policies

- UAB Health Administrative Standard: Conflict of Interest
- UAB Conflicts of Interest Policy
- UAB Conflicts of Commitment Policy

3. ACCESS TO CLINICAL FACILITIES BY VENDORS

UAB AMC employees and trainees shall request vendors to comply with the UAB Health System clinical facility standards for vendor access to the clinical facilities, which include registration and issuance of a UABHS ID badge. Vendor representatives should come to the clinical facilities only by appointment with a physician and no trainee should meet with a vendor representative unless a faculty representative is also present. Vendor representatives should not be present in patient care areas except that vendor representatives, such as device manufacturer representatives, who are appropriately credentialed by the UAB Health System clinical facility, may be present in patient care areas to provide in-service training or assistance on devices and equipment.

Relevant References and Policies

- UAB Health System Administrative Standard – Interactions with Vendors
- UAB Hospital Interdisciplinary Standard – Vendor Representatives
- UAB Hospital Interdisciplinary Standard – Vendor Representatives in the Perioperative Division
- UAB Hospital Laboratory Standard – Outside Vendors
- UAB Hospital Interdisciplinary Standard – Activities of Pharmaceutical Vendor Representatives
- The Kirklin Clinic/Affiliated Clinics: Vendor Regulations

4. PROVISION OF FREE DRUG SAMPLES TO UAB AMC EMPLOYEES AND TRAINEES FOR PERSONAL USE

- a. Free drug samples or vouchers for free drug samples shall be considered personal gifts, and shall not be accepted or used by individual UAB AMC employees and trainees or their family members. However, free drug samples for patients may be accepted and distributed in accordance with policies (see below) of the UAB Health System clinical entities.
- b. UAB AMC employees and trainees shall not sell or bill drug samples to patients or third-party payers.

Relevant References and Policies

- The Kirklin Clinic / Affiliated Clinics Interdisciplinary Standard: Medication Samples
- UAB Hospital Interdisciplinary Standard: Medication Samples

5. INDUSTRY SUPPORT FOR EDUCATIONAL EVENTS ON THE UAB AMC CAMPUS

UAB AMC employees and trainees should be aware of the Standards for Commercial Support established by the Accreditation Council for Continuing Medical Education (ACCME). The UAB Division of Continuing Medical Education (CME) has established policies and procedures that address educational programs for practicing clinicians, including residents and fellows. These policies are available at <http://www.cme.uab.edu>.

All educational events sponsored by industry on the UAB AMC campus must be fully compliant with ACCME guidelines, regardless of whether formal CME credit is awarded or not. In addition, all events sponsored by UAB AMC, including those in an off-campus setting, must comply with ACCME guidelines and policy established by the UAB Division of CME. The ACCME guidelines now require that, if an event is to qualify for CME credit, its provider must ensure the following:

- a. All decisions concerning educational needs, objectives, content, methods, evaluation and speaker are made free of a commercial interest (ACCME Standard 1.1);
- b. A commercial interest is not taking the role of non-accredited partner in a joint sponsorship relationship (ACCME Standard 1.2);
- c. All persons in a position to control the content of an educational activity have disclosed all relevant financial relationships to the provider of the CME. A relevant financial relationship is defined as one which an individual (or spouse or partner) has with a commercial interest that benefits the individual in any financial amount that has occurred within the past 12 months; and the opportunity to affect the content of CME about the products or services of the commercial interest. Failure to disclose these relationships will result in disqualification of the individual from participating in the CME activity or its planning or evaluation (ACCME Standards 1.1, 1.2);
- d. The lecturer explicitly describes all his or her related financial relationships to the audience at the beginning of the educational activity in accordance with national ACCME standards. If an individual has no relevant financial relationship, the learners should be informed that no relevant financial relationship exists (ACCME Standard 6.1, 6.2);
- e. All conflicts of interest should be identified and resolved prior to the educational activity being delivered to learners (ACCME Standard 2.3). Examples of strategies to resolve conflicts of interest include severing the financial ties with the commercial entity that gives rise to the conflict, having a third party without a conflict conduct the educational event, or having the content of the educational materials reviewed and endorsed by a peer expert who does not have a conflict of interest;
- f. Written policies and procedures that govern honoraria and reimbursement of out of pocket expenses for planners, teachers, and authors are in place (ACCME Standard 3.7);
- g. Product-promotion material or product-specific advertisements of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same

products or subjects must be avoided. Live (staffed exhibits, presentation) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME (ACCME Standard 4.2);

h. A commercial interest is not used as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities (ACCME Standard 4.5);

i. The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest (ACCME Standard 5.1);

j. Attendees in the audience are not compensated or otherwise materially rewarded for attendance (e.g., through payment of travel expenses, lodging, honoraria, or personal expenses) (ACCME Standard 3.12);

In addition to the aforementioned ACCME Standards and consistent with Guideline 1 of this policy, educational events sponsored by industry on UAB AMC campus shall comply with the following provisions:

a. Personal gifts of any type shall not be distributed to attendees or participants before, during, or after the meeting or lecture, other than educational materials as set forth in #1;

b. Funds for educational activities shall be provided to a central fund managed by a department or division administrative office and not to individuals for specific educational activities.

Relevant Policies and References

- ACCME Standards for Commercial Support: Standards to Ensure the Independence of CME Activities
- UAB Continuing Medical Education

6. GUIDELINES FOR DELIVERING AND PARTICIPATING IN INDUSTRY-SPONSORED LECTURES AND CONFERENCES AND MEETINGS OF UAB AMC EMPLOYEES AND TRAINEES OFF OF THE UAB AMC CAMPUS

Clinical meetings and scientific meetings sponsored by professional societies frequently derive a portion of their support from industry. Such sponsorship may give rise to inappropriate industry influence on the content of the conference or its attendees. Grants for meetings and conferences that originate from the company's marketing division may be particularly problematic. UAB AMC employees or trainees should actively participate (e.g., as a lecturer or organizer) only if:

a. Financial support by industry is fully disclosed at the meeting by the sponsor;

b. The meeting or lecture's content, including slides and written materials, are directly created by and/or approved by the UAB AMC employee or trainee;

c. The lecturer is expected to provide a balanced assessment of therapeutic options and should promote objective scientific and educational activities and discourse;

- d. The UAB AMC employee or trainee is not required by the company sponsor to accept advice or services concerning teachers, authors, or other educational matters including content as a condition of the sponsor's contribution of funds or services;
- e. The UAB AMC employee or trainee receives compensation only for the services provided and the compensation is at a reasonable rate.
- f. The lecturer explicitly describes all his or her related financial interests (past, existing, or planned) to the audience;
- g. The UAB AMC employee should not facilitate the participation of UAB AMC trainees in industry-sponsored events that fail to comply with these standards.

7. DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

- a. UAB AMC employees and trainees must disclose all of their related financial interests, including past (prior year), existing or expected interests (e.g., grants and sponsored research, compensation from consulting, advisory boards; investments and ownership interests) to journal editors in manuscripts submitted for publication, and audiences at lectures or presentations;
- b. UAB AMC employees and trainees must provide specific written information on financial interests with industry in accordance with all UAB policies, including, but not limited to, the outside consulting policy, and Conflict of Interest Review Board policies.
- c. UAB AMC employees with supervisory responsibilities for trainees or staff must ensure that the faculty's conflict or potential conflict of interest does not affect or appear to affect his or her supervision of the activities or responsibilities of the trainee or staff member.

8. EDUCATION OF UAB AMC EMPLOYEES AND TRAINEES REGARDING INDUSTRY RELATIONSHIPS

The policies outlined in this document apply to the full spectrum of education, beginning with students and continuing into the post-graduate years, residency, and beyond.

- a. Individual departments must provide education to trainees and appropriate staff regarding potential conflicts of interest inherent in industry interactions. This education should include data interpretation techniques as well as an emphasis on evidence-based medicine. Appropriate venues for such education include departmental grand rounds, regularly occurring clinical teaching conferences.
- b. Medical student education must include techniques to minimize conflict of interest and bias in clinical decision making when interacting with industry representatives. Appropriate venues for such education include courses and special topics such as, Doctor Patient and Society, Introduction to Clinical Medicine, and Evidence-Based Medicine. In addition, such education should be formally incorporated into the didactic portion of the clinical clerkships.
- b.1. Medical students have multiple opportunities to work with the clinical (formally "voluntary") faculty during their clinical training, especially in outpatient settings. While engaged in teaching medical students, these clinicians should be given copies of these Guidelines so that they understand and respect the conduct expected of the medical students.

b.2. Individual departments are responsible for educating their respective clinical faculty on these policies, and reminding them that when medical students are working with them, they should be adhering to these guidelines.

b.3. At the end of each rotation, students should evaluate compliance with these guidelines by their clinical faculty preceptors; this will require the addition of an additional item to their current evaluation screen online.

b.4. Department chairs should be provided with the above feedback and given pooled data for consideration during the process of periodic reappointment of clinical faculty in their respective departments.

c. Any scholarships or other educational funds from industry or professional societies must be managed by the UAB AMC and not by the recipient of the award. These funds will only be accepted if there are not conditions or requirements for the use of these funds other than to support the work of the trainee or faculty member scientifically and educationally. The management of these funds will be at the discretion of the UAB AMC.

9. GHOSTWRITING

UAB AMC employees and trainees may not allow their professional presentations of any kind, to be ghostwritten by any party. UAB AMC employees and trainees who serve as authors should comply with the standards listed in the Uniform Requirements for the conduct and reporting of research.

Relevant Policies and References

- Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, Updated October 2007.

10. ENFORCEMENT

As clearly stated in the UAB Faculty Handbook "a key strategic goal of UAB is to create and maintain a positive, supportive, and diverse work/study environment where faculty, staff, and students can excel." To fulfill this goal, UAB expects that faculty, staff, and administrators will display professionalism as applicable to teaching, research and institutional service. Violation of the "The University of Alabama at Birmingham School of Medicine and UAB Health System Guidelines for Relationships with Industry" is a violation of professional behavior and may result in the taking of disciplinary action up to, and including, discharge.

References:

The following references were utilized in the compilation of these Guidelines:

1. American Medical Association. Opinion of the Council on Ethical and Judicial Affairs, E-8.061 <<http://www.ama-assn.org/ama/pub/category/4001.html>> Accessed January 20, 2005.
2. Department of Health and Human Services, Office of Inspector General. OIG Compliance Program Guidance for Pharmaceutical Manufacturers. Fed Regist2003;68:23731-43. Page 25

3. Pharmaceutical Research and Manufacturers of America. PhRMA Code on Interactions with Healthcare Professionals. Wash D.C., PhRMA, 2002.
4. Accreditation Council for Continuing Medical Education Report on Standards for Commercial Support accessed March 12, 2005 at http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf
5. Moses, H, et.al. Collaborating with Industry-Choices for the Academic Medical Center. N Engl J Med 347:1371-5, 2002.
6. Yale University Faculty Handbook, Section X. University Policies Concerning Teaching and Research
(http://www.yale.edu/provost/handbook/handbook_x_university_policies_concerni.html)
7. Yale University Policy on Conflict of Interest and Conflict of Commitment
(<http://www.yale.edu/provost/html/coi.html>)
8. Yale-New Haven Hospital and Yale-New Haven Health System Policies on Interactions with Pharmaceutical Representatives.
9. Association of American Medical Colleges. Industry Funding of Medical Education, Report of an AAMC Task Force, June, 2008

Appendix A Task Force Members

Rich Whitley, MD
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Other Important Task Force Contributors:

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Terry Justice – Executive Director of Procurement

Harlan Sands – Associate Provost, Administration and Finance

Reesha C. Shah - Medical Student

Robert Taylor – UAB Health System, Assistant Vice President Supply Chain

Chris Thrash – Medical Student

Sara Davis – Program Coordinator II, Department of Pediatrics

Appendix 11

The following are available on the ACGME website at the locations listed below:

1. ACGME Policies and Procedures (revised February 2011)

http://www.acgme.org/acWebsite/about/ab_ACGMEPoliciesProcedures.pdf

2. ACGME Common Program Requirements (effective July 2011)

<http://www.acgme-2010standards.org/approved-standards.html>

3. ACGME Institutional Requirements (effective July 2007)

http://www.acgme.org/acWebsite/irc/irc_IRCpr07012007.pdf

and also on the

UAB GME Website <HTTP://MEDICINE.UAB.EDU/EDUCATION/POST-DOC/48428/>

9 – E-VALUE

How to Schedule Users in E*Value

- * Once you are logged into E*Value, review the menu at the top of the page.
- * Go to Schedules/Schedule Assignments/Add-Edit Schedules
- * You can schedule evaluations for a year at a time (by selecting “all time frames”) or one time-frame at a time. If you want to schedule just one time frame then you can select which time frame you want to schedule. The default for the dates are set for the current academic year but you can change these if you want to pull up a shorter or longer amount of time.
- * The next thing to select is the activity group (you should only have access to your own subspecialty).
- * If you want to only schedule one activity at a time, you can choose that specific one. I normally leave it as all activities..
- * Click on “view schedules”. This will pull up a chart with the activities listed down the left side and the time frames listed across the top.
- * To schedule a user, click on the activity that you want to schedule.
- * At the top, select the time frame that you want to add the user to. We have listed monthly time frames, quarterly time frames, biannual time frames, annual time frames and specific SOC time frames. Use the correct one for the time frame you want to be evaluated.
- * You can select a group of people to add to the block or you can select an individual to add. The start and end dates will automatically fill in based on the time frame you chose.
- * For the “Evaluation Action”, you can choose “Both” (which means that the user completes evaluations and is evaluated by someone), “Does evaluations”, or “Is evaluated”. In most cases, it should be “both” but in some cases, such as nurses or healthcare workers, they would be completing an evaluation on the fellow but the fellow does not evaluate the nurse.
- * Click “Add to Schedule”. You can schedule multiple blocks in this screen and when you finish, close the window.

Once you are back at the main table, you will see three icons at the top of each individual block. If you click on the first one, “**Show Evaluations**”, you can see if everyone is scheduled to evaluate everyone and everything correctly. It will also show you when the evaluation will be generated (when the email will be sent to all users within the scheduled block). Once the evaluation is generated then it is available for the user to complete. This is also a good place to see what the status of evaluations are...

- If the “completion date” says “open”, it means that the evaluation has not been completed yet.
- If it says “suspended” it means that the person has suspended the evaluation but it has not been deleted.
- If it says “deleted” it means that the evaluator has suspended the evaluation, stated that they did not work with that person, and I have deleted it from their pending evaluations.
- If it says “pending review/release” it means that it has been completed but I haven’t released it yet to be viewed.

The second icon is for “History Information”. This shows when the schedule was made and who set it up.

The third icon is “Copy Schedules”. If you have the same set of users in one block and you want them in another block, you can just copy it over rather than going through the whole scheduling process again. When you do this, be sure that you select the correct “activity” and “time frame” to copy them to.

Team Scheduling: Team scheduling is available for activities where you have more than one fellow on an activity but they have different attending or evaluators. One example of this is the Scholarship Oversight Committees (SOC). If your fellows have different committee members then we can set it up so that they can both be scheduled but only their correct committee members will receive evaluations to complete on them. If you are interested in team scheduling let me know and I can get you set up.

Summary Reports in E*Value

To pull up a summary of the evaluation data on your fellows in EValue, you can follow the steps below. (Please note that there are many different reports that you can pull up depending on the information that you would like to see. The steps I am listing below are for individual fellows/faculty/rotations, based on a specific evaluation type, i.e. fellow by faculty, fellow by healthcare professional, self-evaluation... You will get more effective data if you pull these reports separately instead of grouping all evaluation types into one report.)

Trainee Reports:

- Once in EValue, go to the menu on the top and select "Evaluations"
- Go to Trainee Reports/Performance Overview/Aggregate Performance
- Change the "dates" on this page to reflect the dates you want the report to reflect (7/1/11 – 6/30/12 for the last academic year)
- Under "Activity group" – be sure that your subspecialty is selected.
- Under "Evaluation Type" – click on the evaluation that you want summarized. Fellow (completed by faculty), Nurse of Trainee, Peer, etc...
- Select the "Trainee" that you want to run the report for.
- You can ignore all of the other fields unless you want to narrow down your search.
- Then select "Next". This will give you the summary report of those evaluations in anonymous form.
- At the bottom of the report, you can click on "show comments" and it will give you a summary of the comments in an anonymous mode as well.
- At this point, you can either print out your summary or email it to yourself.
- If you choose "expanded view" at the top of the summary report, you can view the information in many different forms (graphs, timelines, etc...). Timelines are a good way to see if they are improving or not throughout the year(s).
- If you choose "To Trainee Comments" at the top of the summary report, you can see the comments and who wrote them. It is not anonymous in this form. So be sure to use the tab at the end of the report to share comment data.

Educator Reports:

- You can also go to "Educator Reports" to pull up evaluation summaries for your faculty.
- This works the same way as the "Trainee Reports" listed above.
- Change the "dates".
- Select the right "activity"
- Select the "evaluation type" – "Clinical Educator"
- Select the "Educator" you want to run the report for and click on "next"

Rotation Performance:

- You can go to "Activity Reports" for the Rotation evaluation summary. You do this just like the above reports.
- Change the dates on this page to reflect the dates you want the report on.
- Select the "Activity" that you want to summarize.
- Select the "Evaluation Type" – "Rotation"
- Then click "Next".
- Once again, you can click on "show comments" at the bottom of the summary and it will give you comments in anonymous mode.

10 – PROGRAM REQUIREMENTS

Program Director's Guide to ACGME Common Program Requirements (v. 2.2, January 2009)
and ABP Training Requirements for Subspecialty Certification (2004)

1. Program Letter of Agreement [ACGME pgs 5-7]
 - a. Between fellowship program and each non-institutional site where fellows train
 - b. Renew every five years
2. Program Directors
 - a. Fellow performance evaluation with feedback 2X/year. Include discussion of communication, teamwork, medical records documentation, interpersonal skills, professionalism and ILP. [ACGME pgs 8 (4g), 36, 39, 40, 43, 47, 49, 50, 53] **Store in MyFolio/ Prac Based Learning and Improvement/ Reviews and Documentation**
 - b. Distribute duty hours and moonlighting policies and procedures to fellows and faculty. Consider doing this each July [ACGME pg 8 (4j)] **Can create a "Policy and Procedure" activity to send out annually through EValue.**
 - c. Distribute competency-based Goals and Objectives annually for each level of training. (PGY-4, PGY-5, PGY-6). Consider doing this each July [ACGME pgs 10, 27, 28, 29, 36, 37, 47] **Can attach to each activity to be distributed via email.**
 - d. Develop and distribute overall Educational Program Goals annually. Consider doing this each July. [ACGME pgs 10, 27, 29] **Can attach to each activity to be distributed via email or include with "Policy and Procedure" activity mentioned in 2(b) and 2(c).**
 - e. Update the ADS (Accreditation Data System) with fellow appointment data annually. Consider doing this each September. [ACGME pgs 8(4f), 24, 25, 26] – **This is located on the ACGME website, not found in EValue.**
 - f. Meetings 2X/yr that describe ongoing interaction among pediatric subspecialty and core program directors. Curriculum committee meetings, annual division meetings core program leaders both count. [ACGME subspecialty program requirements] **Not in EValue**
 - g. Fellow credentialing with Children's of Alabama. Will be done at time of initiation of fellowship to provide Class I credentials (what a general pediatrician can do). Must be updated once proficiency at a procedure is achieved so that privileges can be obtained and the fellow can bill for that procedure. [UAB Department of Pediatrics requirement]
3. Other Program Personnel
 - a. Maintain record of each faculty member's board certification, medical license, and medical staff appointment. [ACGME pgs 13, 23]
 - b. Maintain listing of sign-in and topics for division conferences and organized clinical discussions. [ACGME pgs 13(5a), 28, 29, 36, 47]
 - c. Maintain current CV and other support. Consider doing this each July. [ACGME pg 13 (5b)]
 - d. Update the ADS with program personnel as needed. Consider doing this only as there are changes. [ACGME pg 15]
4. Educational Program
 - a. Document fellow responsibilities, including supervision policy, rotation responsibilities, didactic lecture schedules, and reading assignments. Consider distributing each July. [ACGME pgs 28, 30, 33, 36, 43, 63-75] **See 2(b) or 2(d).**

- b. Assess 6 Core Competencies with E-value, or its equivalent, each rotation. [ACGME pgs 32, 33, 36, 37, 39, 40, 43, 51-53] **Evaluations done through EValue. Can also upload Patient evaluations into MyFolio/Patient Care/Patient Feedback.**
- c. Maintain procedure/case logs. Consider doing this each rotation. [ACGME pg 32] **Can do this through EValue and pull into MyFolio**
- d. Arrange participation in a Quality Improvement Project (one per fellow during fellowship) [ACGME pgs 37, 47] **MyFolio/Systems Based Practice/QI Project**
- e. Participate in Nancy Tofil's teaching simulation seminar. (one per fellow during fellowship) [ACGME pg 37, + departmental requirement] **MyFolio/Interpersonal and Communication Skills/ Teaching and Mentoring (videos are too large to store here)**
- f. End-of-program Summative Evaluation. (one per fellow at end of fellowship). [ACGME pgs 57-58] **Store in MyFolio/ Prac Based Learning and Improvement/ Reviews and Documentation**
- g. Conduct Program Evaluation by faculty and fellows annually, including confidential component. Consider doing in the spring of each year. [ACGME pgs 59-61] **Can be done through EValue**

5. ABP Training Requirements

- a. Identify a mentor and meet "regularly" thereafter. Consider identifying during the first year and meeting at least twice a year thereafter with documentation of meeting. [ABP pg 16]
- b. Organize a Scholarship Oversight Committee (SOC) and meet "early in training and regularly thereafter." Consider first meeting at end of first year and then annually thereafter, with documentation of meeting. [ABP pg 6] **MyFolio/PBL and Improvement/scholarly activities**

Part I – ACGME Requirements (and Recommended Times)

	EVal ue	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Program Letter of Agreement (1)	Renew every 5 years.												
Semi-Annual Fellow Performance Review (2a)							X						X
Subspecialty resident (fellow) credentialing		X Amend to include procedures as competency achieved						X Class I at beginning of fellowship; amend to include procedures as competency achieved					
Distribute all policies and procedures (including duty hours and moonlighting) (2b)								X					
Distribute competency-based Goals and Objectives (2c)								X (or before each new rotation)					
Distribute overall Educational Goals and Objectives (2d)								X					
Update the Accreditation Data System – ACGME website (2e)										X			
Update faculty records (CV, board cert, med license, med staff appt) (3a, 3c)								X					
Maintain sign-in and topics for division conf. and organized clinical discussions (3b)		X	X	X	X	X	X	X	X	X	X	X	X
Update ADS with program personnel changes – ACGME website (3d)								As Needed					
Distribute Fellow Responsibilities (4a)								X					
Fellow, Faculty and Rotation Evaluations (4b)		(X)	(X)	X	(X)	(X)	X	(X)	(X)	X	(X)	(X)	X
Procedure/Case Logs (4c)		(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
QI Project (4d)										X			
Teaching Simulation (4e)													
End of Fellowship Summative Evaluation (4f)							X						
Program evaluation by faculty/ fellows (4g)				X									
Identify mentor (5a)		X											
Scholarship Oversight Committee (5b)		X											

Part II – UAB Dean's Council Graduate Medical Education (DCGME) Administrative Deadlines

* This date assumes that the resident began the training year July 1

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Effort Report to GME	X	X	X	X	X	X	X	X	X	X	X	X
Duty Hours Report to GME		X			X			X			X	
Dean's Council Questionnaire	X											
* Copy of Ala. Medical License	X											
Copy of DEA/Controlled Substance permit to GME if applicable	X											
Main Match (NRMP)	Enter Rank Order List	Rank Order List Certification	Match results						Registration			
Submit Names of New Residents to GME – after Match			X									
Resident Contract	Available on Website						Complete by X					
Submit Resident info for Certificates	Begin Submitting											
ACGME accreditation fees due for fellowship programs that pay their program fee	X											
Submit estimated # of residents to GME for budget preparation			X									
New GME Policy and Procedure Manual available on GME website				X								
Prepare Oracle documents to promote, Send files to GME etc...				X	X	X	X Complete					
Program Directors submit name for House Staff Council if program represented							X					
Resident Final Evaluations to GME						X						
New Resident Orientation						X						
Resident Lectures – DCGME Sponsored			X			X			X			X

- I. Mechanisms for fellowship appointment within the Department of Pediatrics
 - A. Most fellows will be accepted into Department fellowship programs in an ACGME-approved position through the UAB GME office.
 - 1. The Department of Pediatrics classifies these trainees as “Fellows”
 - B. A few fellows from other countries who have not completed any U.S. residency training may be accepted into fellowship training outside an ACGME-approved position. Their appointments are through the UAB Dean’s Office, not the UAB GME office.
 - 1. The Department of Pediatrics classifies these trainees as “Instructor/Fellows”
 - 2. They are not in an ACGME training position.
- II. USMLE Step 3
 - A. For U.S. medical school graduates to be eligible to sit for USMLE Step 3:
 - 1. The Alabama Board of Medical Examiners requires that he/she be currently enrolled in residency training or have completed one year of residency training.
 - 2. UAB requires that USMLE Step 3 is taken during his/her PGY-1 year or during the first six months of his/her PGY-2 year. USMLE Step 3 (or COMLEX Level 3 for D.O.s) must be successfully completed by December 31 of his/her PGY-2 year.
 - B. For international medical graduates to be eligible to sit for USMLE Step 3:
 - 1. The Alabama Board of Medical Examiners requires that he/she must have either completed two years of U.S. residency training and be currently enrolled in the third year of U.S. residency training, OR have completed three years of U.S. residency training.
 - 2. UAB requires that USMLE Step 3 is taken prior to or during his/her first year or during the first six months of his/her second year of U.S. residency/fellowship training. USMLE Step 3 must be successfully completed by December 31 of his/her second year of U.S. residency/fellowship training.
 - a. Since there is a discrepancy between UAB’s requirements and state regulations, international medical graduates who come to UAB from their home country for fellowship training in an ACGME-approved position through the UAB GME office (classified as “Fellows” by the Department of Pediatrics, as detailed in I.A. above) are applying to take USMLE Step 3 in another state during their first or second year of UAB training (and either taking the exam in the other state or possibly taking it in Alabama).
 - b. International medical graduates appointed through the UAB Dean’s Office and classified as “Instructor/Fellows” by the Department of Pediatrics (as detailed in I.B. above) are not required to take USMLE Step 3 if they are not planning to stay in the United States following their fellowship training.
- III. Medical License (full/unrestricted versus limited)
 - A. Types of medical licenses:

1. Full/unrestricted medical license
 - a. No limitations on the scope or geographic location of the practice of medicine within the state of Alabama
2. Limited medical license
 - a. A limited medical license limits the person's practice to the confines of the program that is issued under. There are no other restrictions.
 - b. A limited medical license may be renewed for the next year. However, the Certificate of Qualification for a limited license must be renewed prior to the license renewal.
- B. Requirements for graduates of U.S. medical schools
 1. To receive a full/unrestricted medical license in Alabama:
 - a. A physician must pass USMLE Step 3
 - b. A physician must have completed one year of U.S. residency training
 - c. All U.S. medical school graduates must have a full/unrestricted medical license by 18 months after starting his/her PGY-1 year (e.g., by December 31 of his/her PGY-2 year)
 2. Therefore, all U.S. medical school graduates entering fellowship as PGY-4s must have a full/unrestricted medical license
- C. Requirements for graduates of international medical schools
 1. To receive a full/unrestricted medical license in Alabama:
 - a. A physician must pass USMLE Step 3
 - b. A physician must have completed three years of U.S. residency training
 2. If he/she begins fellowship after completing a three year U.S. residency program, then:
 - a. He/she must apply for a limited medical license prior to beginning the PGY-4 year
 - b. He/she must apply for a full/unrestricted medical license by 6 months after starting his/her PGY-4 year (by December 31 of his/her PGY-4 year)
 3. If he/she begins fellowship without having completed a three year U.S. residency program, then:
 - a. He/she must apply for a limited medical license prior to beginning the first year of fellowship training
 - b. This limited license must be renewed annually until a full/unrestricted license is obtained or he/she completes the program, whichever occurs first

IV. Billing

- A. Medicaid and Blue Cross Blue Shield recently have indicated that fellows or instructor/fellows with a limited medical license can be providers and therefore can bill
- B. Fellows or instructor/fellows with full/unrestricted medical licenses can be providers and therefore can bill

V. Credentialing/privileging at Children's of Alabama (COA)

- A. A fellow or instructor/fellow with a full/unrestricted medical license should be supervised by the program director and faculty initially. He/she will be credentialed at COA for the same privileges as anyone completing a pediatrics residency. When the program director judges that he/she has achieved competency, he/she can practice independently and bill. As he/she masters skills pertinent to his/her subspecialty and are judged competent by his/her program director, he/she can apply for and receive advanced subspecialty privileges and bill independently.
- B. A fellow or instructor/fellow with a limited medical license should be supervised by the program director and faculty. He/she will be credentialed at COA for the same privileges as anyone completing a pediatrics residency. When the program director judges that he/she has achieved competency, he/she can practice independently and bill. As he/she masters skills pertinent to his/her subspecialty and are judged competent by his/her program director, he/she can apply for and receive advanced subspecialty privileges and bill independently.

11 – INFO. FOR INCOMING FELLOWS

PARKING

**TO SET UP PARKING, PLEASE GO TO
THE CHILDREN'S OF ALABAMA
PARKING AND SECURITY OFFICE
LOCATED IN THE 5TH AVENUE
PARKING DECK. (GROUND FLOOR)**

**THE COST IS \$30.00 PER MONTH
WHICH CAN BE DEDUCTED FROM YOUR
HSF PAYCHECK.**

**SUB-SPECIALTY RESIDENTS PARK IN
THE 7TH AVENUE SOUTH DECK.**

CONTACT: SECURITY AT 638-9091

Oracle Self-Service

The Oracle System allows employees to manage their personal information through a self-service module. To access the system from any computer, go to www.uab.edu/adminsystems and click on the Oracle HR and Finance link. From there, you will be asked to provide your Blazer ID and a strong password. If you do not have a Blazer ID or can not remember your Blazer ID or Password, you can go to www.uab.edu/blazerid to set up or change your password. If you need assistance after trying to set up or change your information, call 934-3540 or 996-4871.

UAB Self-Service applications include:

- Personal Information
- Payslip
- Manage Direct Deposit Accounts
- Online Tax Form
- Employee Views
- Employee W2
- Employee Verification Form
- Employee Inquiry Form



BlazerID Central

This is meant to be a "one-stop shopping" site where you can find answers and solutions related to your UAB BlazerID.

[Getting Started / FAQ](#)

[Do I Have a BlazerID?](#)

► [Register BlazerID](#)

[Change BlazerID Password](#)

[Change E-mail Preferences](#)

[How Do I Read My E-mail?](#)

[Get a UAB E-mail Account](#)

[View/Update Profile](#)

[Activate Accounts](#)

[Training Records \(BEDROC\)](#)

[B-ALERT](#)

[Need Help?](#)

Having a BlazerID is your ticket to access a number of UAB computer services and facilities. If you have ever used an Internet or online service such as AOL, Yahoo, or MSN, this should be a familiar concept because the BlazerID is roughly UAB's equivalent of their screenname / "buddy list" ID / username. It is also used to register your e-mail address (be it a UAB mailbox or not) in the UAB Electronic Phonebook so that faculty, staff, students and others can contact you.

This page can be used to sign up for a BlazerID, if you do not have one. If you are unsure about whether you already have a BlazerID, you may click on the [Do I Have a BlazerID?](#) link to the left, or if you would like more information before setting up your BlazerID, click on the [Getting Started](#) link. There are several other useful links on the left, to help you out once you have created your BlazerID, and these will always be available here at www.uab.edu/blazerid.

Before you proceed any further, please read this important information!

Below you will be asked to select a BlazerID, which will not only be the first part of your default @uab.edu e-mail address, it will also serve as your username on a number of UAB services. *Choose carefully* because once it is set, **your BlazerID can never be changed** or removed, regardless if you change marital status, decide the ID is inappropriate for class or work or a resume, or later get hired or return to school here. Never. Imagine this is your one shot at a personalized license plate for the entirety of your UAB experience, and choose accordingly.

Also:

You will be asked to select a **strong** password. This password must follow certain rules or your registration will not be accepted. You can [click here](#) to review the rules before you get started.

Now, on to the form ... note that for privacy and security, some fields will display asterisks (***) as you type them.

Enter your
employee/student
number:



This must be your xxx-xx-xxxx number, or 7-digit Oracle employee number, or BlazerNET B-number, or assigned 999 identifier.

Enter your date of birth:



Key as month, day, and year (mmddyyyy or mm/dd/yyyy)

Enter the BlazerID you would like to use *after you read and understand the paragraph [above](#)!!!*



No less than 3, no more than 8 **lowercase letters or numbers** (must start with a letter). This will also be your primary Phonebook *alias*, and the username part of your @uab.edu address. You can create longer mail-only aliases [later](#), but the ID you enter here **can never be changed!**

Enter the password you would like to use:



This must be a **strong** password, no less than 8, no more than 16 letters and numbers. [Click here](#) for more information on choosing an acceptable strong password.

And reenter the same password again here:



Just to be sure you did not mistype it above.

*Please note: below, you **must** either request a UAB e-mail account, or supply a valid e-mail address that you currently utilize. Your @uab.edu e-mail will be forwarded to this account or address, as will official communication from the university. Because e-mail delivery to external providers is not always reliable, you should specify an account on a UAB e-mail server if possible.*

If you already have an e-mail account, enter the address here:

Would you like a [UAB e-mail account?](#)

-OR-

☐ Yes

By clicking on the button below, you agree to abide by UAB's [Acceptable Use Policy \(AUP\)](#) for computer and network resources.



FINANCIAL AFFAIRS

The University of Alabama at Birmingham



Financial Affairs Administration

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Administrative Systems
Training

Budget Administration

Controller

Cost and Space Analysis

Equipment Accounting

General Accounting

Grants and Contracts
Accounting

Payroll Services

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Birmingham, AL 35294

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Administrative Systems Training / Self Service: Federal Online Tax Form

UAB Self Service Applications: Federal Online Tax Form

Employees may adjust their federal income tax withholdings through the Self Service Applications in the Oracle Administrative Systems. Withholding status and allowance(s), including any additional amount withheld, will apply to all active employee assignments.

NOTE: UAB Payroll Services employees are not allowed to give tax advice.

UAB Self Service Applications → Federal Online Tax Form

The **Tax Form** page will load with the employee's federal tax withholding selections visible. The default, meaning that the employee has not made any adjustments to the filing status or withholding amounts, is **Single** and **0 (zero)** for both Allowances and Additional Amount Withheld.

Tax Form	
Employee Name	Example, Employee
Organization Email Address	workflow@uab.edu
Employee Number	1234567
Business Group	11111111A UAB
To Change your Federal Tax Withholding, "Click" UPDATE.	
Federal Information	
Federal W-4 Form	
Filing Status	Single <input type="button" value="Update"/>
Allowances	0
Additional Amount Withheld	0.00
FIT Exempt	No

To make changes to federal withholdings, select **Update**.

The **Update Tax Form: Federal W-4 Form** window will load and the employee may make the necessary changes.

Update Tax Form: Federal W-4 Form	
Employee Name	Employee, Example
Organization Email Address	workflow@uab.edu
Employee Number	1234567
Business Group	11111111A UAB
Fill in the appropriate fields below only if your allowances do not exceed 10. You may want to refer to the federal W-4 worksheet for further information. If claiming more than 10 allowances or claiming exempt, the IRS requires a copy of the W-4 form. Please complete the W-4 using the link below and fax the form to Payroll Services at (205) 975-7417. IRS Federal W-4 Form(PDF)	
Filing Status	<input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Married, but Withhold at Higher Single Rate
Allowances	0 <input type="button" value="i"/>
Additional Amount Withheld	0.00 <input type="button" value="i"/>
Last Name Different	
If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>	
Agreement	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. "Click" CANCEL to return without saving. "Click" NEXT to continue. <input type="checkbox"/> I Agree	

In order to obtain the **Form W-4** worksheet which will assist in completing the form, click on the hyperlink.

[IRS Federal W-4 Form\(PDF\)](#)

The employee will be directed to the **Form W-4 (2010)** withholding worksheet provided by the Internal Revenue Service.

Form W-4 (2010)

Prepare: Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your marital or financial status changes.

Exemptions from withholding: If you are exempt, complete only lines 1, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 18, 2011. (See Pub. 401, Tax Withholding and Estimated Tax.)

Dependents: You cannot claim exemption from withholding if (a) your income exceeds \$10,000 and includes more than \$100 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

These exemptions: If you are not exempt, complete the Personal Allowance Worksheet below. The worksheet on page 2 further adjusts your withholding allowance based on tax credits, dependent care, and other income, or on other multiple job situations.

Complete all worksheets that apply. However, you may claim lower personal allowances. For regular wages, withholding must be based on allowances you claim and may not be at least equal to percentage of wages.

Head of household: Currently, you may claim head of household filing status on your tax return only if you are unmarried and live alone more than 50% of the year of filing (up to a friend or yourself and your dependent(s) or other qualifying individuals. (See Pub. 2010.)

Charitable, student deduction, and filing information: See instructions.

The credit: You can take an earned tax credit for each child in your household. Credit for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowance Worksheet below. (See Pub. 401, How Do I Adjust My Tax.)

Withholding: For information on converting your other credits into withholding allowances, see instructions.

Non-wage income: If you have a large amount of non-wage income, such as interest or dividends, consider making estimated tax payments using Form 1043-ES. (See instructions.)

For individuals: Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 519 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two or more or multiple jobs: If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be correct if you claim all allowances on the Form W-4 for the highest paying job and zero allowances on the other jobs. See Pub. 519 for details.

Nonresident alien: If you are a nonresident alien, see Notice 1302, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding: After your Form W-4 takes effect, see Pub. 519 to see how the amount you are withholding compares to your projected total tax for 2010. See Pub. 519, especially if your earnings exceed \$10,000 (single) or \$15,000 (married).

Personal Allowance Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. **A**

B Enter "1" if: **B**

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages or the total of both are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "0." If you are married and have either a working spouse or more than one job, entering "0" may help you avoid having too little tax withheld. **C**

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. **D**

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household, above). **E**

F Enter "1" if you have at least \$1,000 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 906, Child and Dependent Care Expenses, for details.) **F**

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. **G**

- If your total income will be less than \$11,000 (married), enter "2" for each eligible child (see "1" if you have three or more eligible children).
- If your total income will be between \$11,000 and \$11,000 (married), enter "1" for each eligible child (see "1" additional if you have six or more eligible children).

H Add lines A through G and enter total here. (Note. This may be different from the number of allowances you claim on your tax return.) **H**

I For accuracy, complete all worksheets that apply. **I**

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 3.
- If you have more than one job or are married and your spouse both work and the combined earnings from all jobs exceed \$16,000 (\$20,000 if married), see the Two-Earning Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

W-4 **Employee's Withholding Allowance Certificate** **DATE 10/18/2010**

Department of the Treasury Internal Revenue Service

1 Type in print your first name and middle initial. Last name. 2 Your social security number.

3 ☐ Single ☐ Married ☐ Married, but withheld at higher filing rate. **4** ☐ Head of household ☐ Qualifying widow(er) **5** ☐ Exempt

4 If your tax home differs from the address on your social security card, check here. You must call 1-800-725-0274 for a replacement card. **5**

6 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **6**

7 Additional amount, if any, you want withheld from each paycheck. **7**

8 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. **8**

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. **9**

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Print name and address. Employee: Complete lines 6 and 7 only if sending to the IRS.) **10** **11** **12**

For Electronic and Paperwork Reduction Act Notice, see page 3. (See Pub. 1520000) (Form W-4 (2010))

Once the employee has made the necessary changes on the **Update Tax Form: Federal W-4 Form**, click the box beside **I Agree** in order to place a check ☒ mark.

Click **Continue**.

The **Federal Online Tax Form: Review** page will load. Confirm that the changes are correct.

Federal Online Tax Form: Review

Employee Name **Employee, Example** Employee Number **1234567**
 Organization Email Address **workflow@uab.edu** Business Group **11111111A UAB**

Please review changes. Click "Submit" to process.
 Indicates Changed Items.

Tax Information

Form **W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0046
 Department of the Treasury Internal Revenue Service **2010**

1 Type or print your first name and middle initial **Example** 2 Your social security number **123-45-6789**

3 ☐ Single ☒ Married ☐ Married, but withheld at higher Single rate
 Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your Social Security card, check here. You must call 1-800-772-1253 for a new card. ☐

5 Total number of allowances you are claiming (from line 6 above or from the applicable worksheet on page 2) **6**

6 Additional amount, if any, you want withheld from each paycheck **\$0**

7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption:
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
 If you meet both conditions, write "Exempt" here **7**

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.
 Employee's signature **Employee Example** Date **18-MAR-2010**
 (Print in full name unless you sign by X)

8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act notice, see page 2 of the IRS Form W-4. Cat. No. 102202 Form **W-4** (2010)

Select **Submit**.

Submit

The **Confirmation** page will load indicating that the changes have been applied.

Confirmation

Your changes have been applied.

The employee will receive an email notification stating that changes have been made.



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The University of Alabama at Birmingham



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Administrative Systems Training / Self Service: State Online Tax Form

Click [here](#) if you are an employee with work locations outside of the state of Alabama.

UAB Self Service Applications: State Online Tax Form

Employees may adjust their state income tax withholdings through the Self Service Applications in the Oracle Administrative Systems.

NOTE: UAB Payroll Services employees are NOT allowed to give tax advice.

UAB Self Service Applications → State Online Tax Form

NOTE: If the employee has any assignment with a work location that is outside the state of Alabama, the employee will be directed to a Payroll Services website containing additional information.

Alabama Online Tax Form A-4

Employee Name Example, Employee Employee Number 1234567
Organization Email Address workflow@uab.edu Business Group 11111111A UAB

You have one or more work locations outside of the State of Alabama. Please click the link below to complete the withholding form(s) appropriate to your work location(s):

[Employee State Withholding Forms](#)

If the employee has no assignments with a work location outside the State of Alabama, The **Alabama Online Tax Form A-4** page will load with the employee's state tax withholding selections visible. The default, meaning that the employee has not made any adjustments to the filing status or withholding amounts, is **"S" Claiming \$1500 Exemption** and **0 (zero)** for both Allowances and Additional Amount Withheld.

Alabama Online Tax Form A-4

Employee Name Employee, Example Employee Number 1234567
Organization Email Address workflow@uab.edu Business Group 11111111A UAB

State Information

To Change your State Tax Withholding, "Click" UPDATE.

[State A-4 Form](#)

Filing Status	"S" Claiming \$1500 Exemption	<input type="button" value="Update"/>
Allowances	0	
Additional Amount Withheld	0.00	
SIT Exempt	No	

To make changes to state withholdings, select **Update**.

The **Update Tax Form: State A-4** form will load, and the employee may make the necessary changes.

Update Tax Form: State A-4

Employee Name **Example, Employee** Employee Number **1234567**
 Organization Email Address **workflow@uab.edu** Business Group **11111111A UAB**

State Information

Fill in the appropriate fields below only if your allowances do not exceed 7. You may want to refer to the State A-4 worksheet for further information. If claiming more than 7 allowances or claiming exempt, the State of Alabama requires a copy of the A-4 form. Please complete the A-4 using the link below and fax the form to Payroll Services at (205) 975-7417.

[Alabama Withholding Form\(PDF\)](#)

State A-4 Form

Filing Status

☒ "S" Claiming \$1500 Exemption
☐ "M" Claiming \$3000 Exemption
☐ "0" Claiming No Personal Exemption
☐ "H" Claiming \$3000 Exemption
☐ "MS" Claiming \$1500 Exemption

Allowances

Additional Amount Withheld

Agreement

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. "Click" CANCEL to return without saving. "Click" NEXT to continue.

☐ I Agree

In order to obtain the **Form A-4** worksheet which will assist in completing the form, click on the hyperlink.

[Alabama Withholding Form\(PDF\)](#)

The employee will be directed to the **Form A-4** withholding worksheet provided by the Alabama Department of Revenue.

FORM A-4 REV. 01/07

ALABAMA DEPARTMENT OF REVENUE
Employee's Withholding Exemption Certificate

FULL NAME	SOCIAL SECURITY NO.	CITY	STATE	ZIP CODE
HOME ADDRESS				

If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim "exempt" from Alabama withholding tax. To claim exempt status, check the box below, sign and date this form and file it with your employer. Employees claiming exempt status are not required to complete Lines 1-5.

See instructions on the back of Form A-4 before checking the box. ☐

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- If you claim no personal exemption for yourself, write the figure "0", sign and date the bottom of Form A-4.
(Note: If you claim no personal exemption you cannot claim dependent exemptions on Line 4)
- IF YOU ARE SINGLE or MARRIED FILING SEPARATELY a \$1,500 personal exemption is allowed.
 - If you are SINGLE and claim personal exemption for yourself (\$1,500) write the letter "S"
 - If you are MARRIED FILING SEPARATELY and claim personal exemption for "yourself only" (\$1,500), write the letters "MS"
- IF YOU ARE MARRIED or SINGLE CLAIMING HEAD OF FAMILY a \$3,000 personal exemption is allowed.
 - If you are MARRIED and claim exemption for both yourself and your spouse (\$3,000), write the letter "H"
 - If you are single with dependents and claim HEAD OF FAMILY exemption (\$3,000), write the letter "H"
 - If you are married and wish to withhold at the higher single rate (\$1,500), write the letter "S"
- If during the year you will provide more than one-half of the support of persons closely related to you (other than spouse) write the number of such dependents
- Additional amount, if any, you want deducted each pay period.
- TOTAL EXEMPTIONS** (Example: Employee claims "M" on Line 3 and "1" on Line 4. Employer should use column headed M-1 in the Withholding Tables.)

THIS LINE TO BE COMPLETED BY EMPLOYER:

DATE _____ SIGNED _____

The second page of the **Form A-4** provides instructions and information for completing the form.

CHANGES IN EXEMPTIONS

You may file a new certificate at any time if the number of your exemptions **INCREASES**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **DECREASES** for any of the following reasons:

(a) Your spouse for whom you have been claiming exemption is divorced, legally separated, or claims her or his own exemption on a separate certificate.

(b) The support of a dependent for whom you claimed exemption is taken over by someone else and you no longer expect to furnish more than half of this dependents support for the year.

OTHER DECREASES in exemption, such as the death of a spouse or dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which this occurs.

Any correspondence concerning this form should be sent to the Alabama Department of Revenue, Individual and Corporate Tax Division, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480 or telephone (334) 242-1300 (fax (334) 242-0112).

EXCLUSION FROM WITHHOLDING TAX (EXEMPT STATUS)

This exemption applies only to those individuals who filed an Alabama income tax return for the previous year and who had no tax liability on that return.

"No tax liability last year" means that your previous year's Alabama tax return indi-

cated no tax liability for that taxable year. Therefore, if you had Alabama income tax withheld or paid estimated tax, all of this tax must have been refunded to you. If any portion of the tax paid last year was not refunded, you will not qualify for this exemption from Alabama withholding tax. For example, if your employer withheld \$450 from your Alabama wages during the year and after filing your tax return for that year you received a \$425 refund, you would not be eligible for exempt status.

DEPENDENTS

To qualify as your dependent (Line 4 on other side), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;

Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;

Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;

Your uncle, aunt, nephew, or niece (but only if related by blood).

PENALTIES

Penalties are imposed for willfully supplying false information. If an employee is believed to have claimed too many exemptions, this information should be reported to the Alabama Department of Revenue, Withholding Tax Section.

Once the employee has made the necessary changes on the **Update Tax Form: State A-4** form, click the box beside **Agree** in order to place a check ☒ mark.

Agreement

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. "Click" CANCEL to return without saving. "Click" NEXT to continue.

☒ I Agree

Click **Continue**.

Continue

The **Review Tax Form: State A-4** form will load. Confirm that the changes are correct.

Review Tax Form: State A-4

Employee Name Employee, ExampleEmployee Number 1234567

Organization Email Address workflow@uab.eduBusiness Group 11111111A UAB

State Information

Please review changes. Click "Submit" to process.

Confirmation page **MUST BE RECEIVED** in order to update your record. Do **NOT** exit the system without receiving a confirmation page or the system will abandon the change.

[State A-4 Form](#)

Filing Status "M" Claiming \$3000 Exemption

Allowances 0

Additional Amount Withheld 0.00


Submit

Cancel

Select **Submit**.

Submit

The **Confirmation** page will load indicating that the changes have been applied.

 **Confirmation**

Your changes have been applied

The employee will receive an email notification stating that changes have been made.

UAB FINANCIAL AFFAIRS

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Administrative Systems Training / Self Service: Manage Direct Deposit Account (Initial Setup)

Self Service: Manage Direct Deposit Account (Initial Setup)

All employees are required to set up a direct deposit account. Utilizing the **Self Service Applications** in the Oracle Administrative Systems, employees may enter and maintain this information electronically. [Click here](#) to access the *You and UAB Handbook for Administrative, Professional, and Support Personnel*. Section 5.1 entitled, "Pay Periods and Receipt of Pay," outlines the employee's responsibility with regard to establishing a direct deposit account.

UAB Self Service Applications → Manage Direct Deposit Account

The **Manage Payroll Payments: Define Payments** page will direct a new employee to set up a direct deposit account.

If you do not complete the direct deposit information, Payroll Services will disburse one check via US mail along with the notification that if an employee's direct deposit information is not entered into the administrative system by the next payroll run, the employee's second check will be held in Payroll Services until direct deposit information is completed in the system or a Directocash pay card enrollment form is completed.

Manage Payroll Payments: Define Payments

Employee Name: **Linda Smith** Employee Number: **1015971**
Organization Email Address: **lsmith@uab.edu** Business Group: **11111111A UAB**

To setup or add a direct deposit account, "Click" ADD DEPOSIT PAYMENT. To change your current direct deposit information, "Click" the UPDATE icon. To delete an account, "Click" on the DELETE icon. Please note you must always have a remaining pay account. This account is used as the default account for the remaining pay after it is distributed to other direct deposit accounts. If you have updated your account details, "Click" CONTINUE.

* Indicates required field

Employee Payments

Add Deposit Payment

Priority	Payment Type	Account Type	Account Number	Amount	*Amount	Currency	Update	Delete
<p>If you do not complete the direct deposit information, Payroll Services will disburse one check via US mail along with the notification that a Directocash paycard will be activated for future payments until alternative banking information is provided.</p>								

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Click on the **Add Deposit Payment** button.

Add Deposit Payment

On the **Add Deposit Payment** page, complete all of the required fields denoted by an asterisk (*).

Add Deposit Payment

Employee Name: **Linda Smith** Employee Number: **1015971**
Organization Email Address: **workflow@uab.edu** Business Group: **11111111A UAB**

Confirmation page MUST BE RECEIVED for add/change/delete to update your record. Do NOT exit the system without receiving a confirmation page or the system will abandon the change.

* Indicates required field

☒ **TIP** This payment will be used to pay any pay remaining after all other payments have been made.

* Account Name: **Smith, Linda** * Transit Code: **123456789**
* Account Type: **Checking Account** * Bank Name: **Compass Bank**
* Account Number: **00009875431** * Bank Branch: **Birmingham, AL**

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The **Account Name** field is the name of the employee as it appears on the bank account.

* Account Name: **Smith, Linda**

The **Account Type** field denotes the type of account to which the employee's pay will be deposited.

* Account Type	<div> <div></div> <div>Checking Account</div> <div>Savings Account</div> </div>
----------------	---

The **Account Number** is the employee's personal bank account number. For checking accounts, this number can be found at the bottom of the employee's personal checks following the transit code.

* Account Number	00009875431
------------------	-------------

The **Transit Code** is a number exclusive to each bank. This 9-digit number is located in the lower left hand corner of the employee's personal checks. The transit code is often times referred to as the routing number.

* Transit Code	123456789
----------------	-----------

The **Bank Name** should be populated with the name of the employee's banking institution. The name can typically be found above the Memo field on the employee's personal checks.

* Bank Name	Compass Bank
-------------	--------------

Many banking institutions have more than one location; the employee should indicate the specific branch location in the **Bank Branch** field, including city and state.

* Bank Branch	Birmingham, AL
---------------	----------------

Once all information has been added, select **Apply**.

Apply

On the **Manage Payroll Payments: Define payments** page, the employee should review the data and ensure that the information is correct.

Manage Payroll Payments: Define Payments								Cancel	Continue
Employee Name Linda Smith				Employee Number 1015971					
Organization Email Address workflow@uab.edu				Business Group 11111111A UAB					
<p>To setup or add a direct deposit account, "Click" ADD DEPOSIT PAYMENT. To change your current direct deposit information, "Click" the UPDATE icon. To delete an account, "Click" on the DELETE icon. Please note you must always have a remaining pay account. This account is used as the default account for the remaining pay after it is distributed to other direct deposit accounts. If you have updated your account details, "Click" CONTINUE.</p> <p>* Indicates required field</p>									
Employee Payments									
Add Deposit Payment									
Priority	Payment Type	Account Type	Account Number	Amount Type	Amount	Currency	Update	Delete	
1	Deposit	Checking Account	00009875431		Remaining Pay	US Dollar			
<p>Confirmation page MUST BE RECEIVED for add/change/delete to update your record. Do NOT exit the system without receiving a confirmation page or the system will abandon the change.</p>									
								Cancel	Continue
Copyright 2000-2004 Oracle Corporation. All rights reserved.									
								Home Logout	Privacy Statement

If any information needs to be changed, select **Update**.

Update

If the information is correct, select **Continue**.

Continue

NOTE: Pay special attention to the information below the Employee Payments box.

Confirmation page **MUST BE RECEIVED** for add/change/delete to update your record. Do NOT exit the system without receiving a confirmation page or the system will abandon the change.

The **Manage Direct Deposit Account: Review** screen indicates any change with a blue dot.

Manage Direct Deposit Account: Review

Employee Name **Linda Smith** Employee Number **1015971**
 Organization Email Address **workflow@uab.edu** Business Group **11111111A UAB**

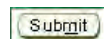
Review your changes and, if needed, attach supporting documents.
 Indicates Changed Items.

	Current	Proposed
Priority		1
Payment Type		Deposit
Currency		US Dollar
Amount		Remaining Pay
Account Name		Smith, Linda
Account Type		Checking Account
Account Number		987543
Transit Code		123456789
Bank Name		Compass Bank
Bank Branch		Birmingham, AL

Additional Information

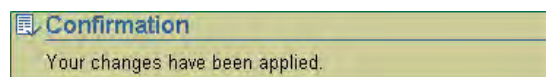
Cancel Printable Page Back Submit

If the information is correct, select **Submit**.

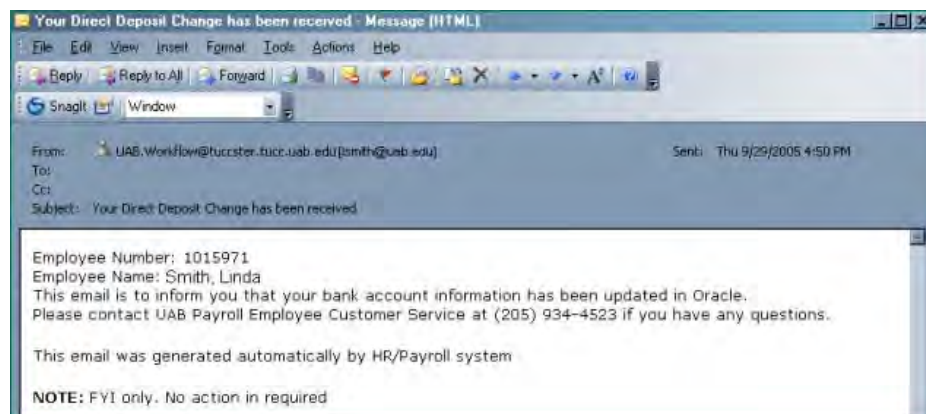


The final page is the **Confirmation** page.

NOTE: Until the confirmation notice is received, no changes have been saved.



The system will automatically generate an email notification as well.



On Campus Resources –Children’s of Alabama

EMAIL

- <https://mail.peds.uab.edu/owa>
- Your initial password is “welcome1”
- Change your password ASAP

Help Desk

- 638-6568
- peds-help@peds.uab.edu for UAB related problems
- helpdesk@childrensal.org for Children’s related problems

Codonix

- **Website:** <http://cdxweb.chsys.org:8080/codonix-app/CDXED.html>
- **Password:** first letter of first name and last name (ex: John Doe = jdoe)

Resident Schedules

- www.amion.com
- PW: [uabpeds](#)

E-value:

- <https://www.e-value.net>
- You can often click on the link in your email to get your personalized screen

Long Distance Code

- From a Children’s line, dial 9+1+area code+phone number

Syngo

- Icon on desktop or type Syngo in address bar of browser
- Username: 5 digit doctor number (starts with 0)
- Password: initial is “password”

Magicweb

- Icon on desktop or type mwrad in address bar of browser
- <http://mwrad.chsys.org/magicweb/>
- Username: 5 digit doctor number (starts with 0)
- Password: whatever you chose

Mdata

- Icon on desktop or type mdataweb in address bar of browser
- <http://mdataweb.chsys.org/mdata/common/login/>
- Username: 5 digit doctor number (starts with 0)
- Password: whatever you chose

Logician (EMR/Centricity)

- Icon on desktop
- Username: assigned to you (some have numbers, some names)
- Password: whatever you chose

iConnect (used for TPN/feeds)

- Icon on desktop
- Username: 5 digit doctor number (starts with 0)
- Password: whatever you chose

Paging

- If at Childrens, Type smartweb into browser address bar, icon on desktop, or Children's of Alabama homepage, "phone directory"
- Can send text pages (from anywhere) through outlook email by sending to DOP pager addresses in address book.

Other Applications

- Lexicomp icon is found on most desktops
- Pediatric Advisor is available from CHS homepage under resources dropdown menu
- UAB Pediatric Residency Website - <http://medicine.uab.edu/Peds/residency>
- UAB Department of Pediatrics website - www.peds.uab.edu

UAB Resources

HSIS (Health Systems information Services) Helpdesk

- 934-8888

UAB Paging

- www.paging.uab.edu (from home or hospital)
- 934-3411 (operator)
- Link in smartweb on left side of screen

Horizon

- Icon on desktops at TCHA and UAB
- If no icon: <https://horizon.hs.uab.edu>
- Can access off campus with electronic token available from UAB IT with address <https://horizon.hs.uab.edu> (centernetsupport.hs.uab.edu available only on UAB computers)
- **Has access to Up-to-Date**

IMPACT

- Icon on desktops at UAB
- Can access off campus with electronic token available from UAB IT (centernetsupport.hs.uab.edu available only on UAB computers)
- Can access from Children's hospital computers: <https://cerner.hs.uab.edu>
- Username and Password assigned during orientation

Neodata

- Icon on desktops in RNICU

UAB Graduate Medical Education: www.uab.edu/uasom/gme

UAB Faculty & Staff Learning System/Healthstream Access:
<http://healthstream.com/HLC/UABHS> (additional information attached)

Off-Campus Resources

Mdata

- Can access Mdata from home at <http://chsmdata.chsys.org>

Lister-Hill Library

- <http://www.uab.edu/lister/>
- Access to MANY resources are available with BlazerID and Password (assigned during orientation): PubMed, MDConsult (has Nelson's textbook, Peds ID textbook, Harriett Lane), RedBook online
- Through Lister Hill PubMed access you can print many journal articles free.

Oracle

- <http://main.uab.edu/Sites/it/internal/faculty-staff/adminsystems/>
- Oracle is used to enter tax forms and view paystubs online. You can change your tax withholding here.
- Use Blazer ID and Password to access (assigned during orientation)

Prepared in part by the Pediatric Residency Program – Revised 8/12



Children's
of Alabama

Children's of Alabama Computer Access Residents / Medical Students

Children's of Alabama Medical Staff Services Department:

Katie Busler	638-2914	katherine.busler@childrensal.org	
Christian Franklin	638-6352	christian.franklin@childrensal.org	(pager #889-1655)
Susan Evans	638-9433	susan.evans@childrensal.org	

*Our office is located on the 1st floor of the McWane Building (between elevators and Go Store).

*Office hours: 8AM-4:30PM Monday through Friday.

*Government issued photo ID AND Signature **Required** to pick up packet.

*Our definition of **Resident** is typically PGY 1-3 but we do realize there are some residents that can be a 7th year. If you have a "fellow" that should be credentialed/privileged, they must request an application from our department.*



Rule of thumb: if the fellow fills, they should be credentialed.
They will only be privileged for what they are board certified / eligible for.

<http://signup.chsys.org> to fill out **Computer Access Request** form

COMPLETE Request form = ALL fields filled out.



Once we receive a COMPLETE request form, we will begin the process of assigning a Provider #.

If the form is not complete, it will be returned and delay the student/resident in receiving a # and login access.

Medical Staff Services will contact medical student/resident **via email** that the packet is ready for pick up.

TIPS to make the process go smoothly:

*Please encourage your medical student/resident to fill the form out as early as possible as this process can take up to 2 weeks when there is a large number of people requesting access.

*Only fill out the access request form once.

*Please don't call to follow up unless you haven't heard from us in a couple of weeks.

* Don't take advice from other medical students/residents about what you should do, listen to your program coordinator or Medical Staff Services.