UNIVERSITY OF CINCINNATI/ DEPARTMENT OF ENVIRONMENTAL HEALTH — OCCUPATIONAL MEDICINE CONTRACT

This Contract ("Occupational Medicine Contract"), by and between University of Cincinnati, located in Cincinnati, Ohio, and ______________ ("Resident"), sets forth the terms and conditions of Resident’s appointment to postgraduate medical education program (the “Residency Program”), assigned to the Department of Environmental Health.

Commencing on __________ (the “Commencement Date”) Resident shall be appointed to the Residency Program at the ____ residency year level. Resident shall be an employee of the University of Cincinnati. Annual compensation for this level is $ __________ plus benefits. By signing this Occupational Medicine Contract, Resident accepts such appointment and agrees to comply with the terms and conditions of this Occupational Medicine Contract and the terms and conditions of the 2011-2013 Occupational Medicine Standard Terms & Conditions and Exhibits A and B attached thereto (together, the “Occupational Medicine Terms & Conditions”), which are incorporated herein by reference in their entirety and made a part of this Occupational Medicine Contract.

This Occupational Medicine Contract shall be effective for a maximum period of 12 months from the Commencement Date, expiring on __________ (“End Date”). Continuing participation in the Residency Program is contingent upon Resident’s successful progress through the Residency Program. This Occupational Medicine Contract may be terminated by the University of Cincinnati at any time for grounds specified in the Occupational Medicine Terms & Conditions.

Terms, conditions, policies and procedures regarding Terms of Appointment, Duties of Resident, Institutional Responsibilities, Academic Deficiencies and Misconduct, Reappointment, Records and Patient Files, Covenants of Resident, Documentation required for Certification for Eligibility, Compensation and Benefits, and other matters are detailed in the Occupational Medicine Terms & Conditions.

By signing this Occupational Medicine Contract, Resident affirms that Resident has read, understands and agrees to all the terms and conditions of this Occupational Medicine Contract, including the Occupational Medicine Terms & Conditions.

This Occupational Medicine Contract is not valid until it is executed by: (i) the Resident; (ii) the Residency Program Director, or his or her designee, (iii) the Designated Institutional Official for Graduate Medical Education at the University of Cincinnati College of Medicine, or his or her designee and (iv) an authorized representative of the University of Cincinnati.

____________________________________  ________________________
Resident                             Residency Program Director
Date                                  Date

____________________________________  ________________________
Designated Institutional Official     University of Cincinnati Representative
Date                                  Date

By initialing this statement, I hereby acknowledge that it is my professional responsibility as a physician to hold a valid Ohio State Medical Training Certificate or Permanent License for the duration of this Occupational Medicine Contract. I am also required to keep the Medical Board updated of any change in status or address.

__________
Initials

Original (Office of GME)
Copy (Training Program)
Copy (Resident)