

## "Appointment Letter - EXAMPLE"

### APPOINTMENT LETTER

Dear Dr. [Last Name]:

We are very pleased to have you join us for your \_\_\_\_\_ (*type of pharmacy residency*) at \_\_\_\_\_ (*name of residency program*), City, State, . This letter is your official Letter of Appointment as a \_\_\_\_\_ (*type of pharmacy residency*) Pharmacy Resident. This appointment is effective July 1, 2020, through June 30, 2021. The 2020-2021 annual salary for a PGY-1 is \$47,500.00.

- Please be advised that your continued appointment is contingent upon satisfactory completion of training expectations and adherence to institutional policies, including "tobacco-free workplace, campus hiring policy". Additionally, you must obtain your pharmacist licensure by September 1, 2020. There is also the expectation that you will log and approve your duty hours accurately, honestly, and in a timely manner. Failure to comply with the duty hours' expectations may jeopardize your continued employment. Additionally, you are expected to document medical records accurately, efficiently and in a timely manner.
- Please be reminded that a satisfactory result of substance abuse testing is a condition of employment for **all** employees. Employment is also contingent upon verification of educational credentials, the passage of criminal background check, and providing a student intern license before your start date.

Please visit our website \_\_\_\_\_ (*website address*) to learn more about all the benefits and policies at \_\_\_\_\_. We also follow all ASHP Residency Regulations, Standards, and Policies which can be found at \_\_\_\_\_ (*ASHP website address*). Also, please review the policies accompanying your letter of appointment. Below is the list of the attached policies.

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| 1. Financial Support for the Resident                | 14. Policy on Effect of Leave for Satisfying Completion of Program | 20. Conditions for Reappointment                         |
| 2. Licensure/Failure to Obtain Licensure             | 15. Conditions for Living Quarters, Meals, Laundry                 | 21. Policy of Professional Activities Outside of Program |
| 3. Resident progression/dismissal                    | 16. Counseling, Medical, Psychological, Support Service            | 22. Grievance Procedures                                 |
| 4. Code of conduct/Disciplinary Policy               | 17. Policy on Physician Impairment and Substance Abuse             | 23. Policies on Gender and Other Forms of Harassment     |
| 5. Requirements for successful completion/graduation | 18. Residents' Responsibilities                                    | 24. Residency Closure/Reduction Policy                   |
| 6. PTO (Paid Time Off) Policies                      | 19. Duration of Appointment  | 25. Duty Hours   |
| 7. Leave of Absence Policy                           |  | 26. Wellness   |
| 8. Professional Leave of Absence Benefits            |  |  |
| 9. Parental Leave of Absence Benefits                |  |  |
| 10. Sick Leave Benefits                              |  |  |
| 11. Disability and Health Insurance                  |  |  |
| 12. Professional Liability Insurance                 |  |  |
| 13. Professional Liability Ins. (Tail Coverage)      |  |  |

Sincerely,

By my signature below, I hereby acknowledge receipt, review, and acceptance of all terms and conditions as outlined in this appointment letter and accompanying policies.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residency Program Director Signature

\_\_\_\_\_  
Date