

**UNIVERSITY OF LOUISVILLE
SCHOOL OF MEDICINE
HOUSE STAFF AGREEMENT - VISITING PHYSICIAN**

THIS AGREEMENT is made by and between the University of Louisville, hereinafter referred to as "University", and Dr. _____, who is a Visiting Physician presently enrolled in an advanced educational program at the University of Louisville School of Medicine, and hereinafter referred to as "Visiting Physician" and _____, the institution at which the Visiting Physician is currently a full-time house staff physician in good standing, hereinafter referred to as the "Parent Institution".

WITNESSETH:

In consideration of the promises contained herein, including the educational benefits received by the Visiting Physician through participation in this program at the request of the Parent Institution, the University, the Visiting Physician, and the Parent Institution agree as follows:

1. The University hereby appoints the Visiting Physician to serve as a member of the House Staff at postgraduate level __ in the University of Louisville Affiliated Hospitals for the period beginning _____ and ending _____. In no event may this appointment extend beyond six months. The University assumes no financial responsibility for providing any compensation or stipend to the Visiting Physician and participation by the Visiting Physician in our program will be as a volunteer for educational benefits. The Visiting Physician hereby waives any claim for compensation from the University or its Affiliated Hospitals.

The Visiting Physician represents that he/she is familiar with the requirements for medical licensure in Kentucky and now possesses the valid Kentucky license listed after his/her signature below or will be eligible for a Kentucky license at the end of his/her postgraduate level one year. APPOINTMENT AS A MEMBER OF THE HOUSE STAFF BEYOND POSTGRADUATE LEVEL ONE IS CONTINGENT UPON POSSESSION OF A VALID LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY.

2. The Visiting Physician agrees to perform his/her staff services and other academic assignments under the direction and control of his/her Department Chairman at such affiliated hospitals as assigned and scheduled by the Department Chairman or Director of Training and approved by the Dean of the School of Medicine.

3. The Visiting Physician agrees to be bound by all applicable rules, bylaws, policies and regulations of the University and the University's affiliated hospitals. Without limitation to the foregoing, the Visiting Physician agrees to be bound by the Policy on Probation, Suspension, and Termination for Delinquent Medical Records at Affiliated Hospitals, Policy on ACLS, and Policy on Immunization, receipt of which is hereby acknowledged.

4. Professional liability coverage with a minimum amount of \$200,000 per occurrence, \$600,000 aggregate claim, shall be provided by the Visiting Physician for the period of this agreement. Certification of such coverage shall be provided in a form acceptable to the University prior to entering the program. The Visiting Physician hereby agrees to promptly notify the office of University Counsel at the University of Louisville of any incident or claim relating to possible medical negligence exposure including, but not limited to those reportable to the Visiting Physician's insurance carrier under the terms of his/her policy.

5. The Visiting Physician will not be covered under any group insurance plan or other employee or student benefit program of the University including, but not limited to, paid time off. Worker's compensation coverage will be provided by the Parent Institution and evidence of this coverage will be provided prior to start of training. Visiting Physicians do not accrue vacation leave. Up to two weeks of personal leave may be available to Visiting Physicians at the discretion of the University Program Training Director. Requests for personal leave will be considered on an individual basis.

6. The Visiting Physician agrees to fulfill the relevant portions of educational requirements of the advanced educational program as delineated in the "Essentials of Approved Residencies" and approved standards of the Accreditation Council for Graduate Medical Education. It is agreed and understood by the parties that the Visiting Physician's relationship to the University is that of a visiting student to an academic institution and not that of an employee to an employer.

7. The Visiting Physician shall not use his/her off-duty hours to engage in outside employment.

8. This Agreement automatically terminates, prior to the expiration date listed in Paragraph 1, in the event the Visiting Physician's participation in the University's graduate medical educational program ceases.

The University has the right to suspend the Visiting Physician from his/her duties or to terminate this Agreement whenever the University determines that: (a) the Visiting Physician is failing to meet the academic or professional requirements of the graduate medical education program as outlined by the Department Chairman or Director of Training; (b) the Visiting Physician is failing to abide by the rules, bylaws, policies, or regulations of the University or the University's Affiliated Hospitals; or (c) the Visiting Physician's continued appointment or staff privileges are not in the best interest of patient care. The Parent Institution will be notified immediately should a Visiting Physician fail to meet the education standards as outlined by the University Training Director.

9. This contract may be terminated at any time by the University without obligation to the Visiting Physician of any information provided by or on behalf of the Visiting Physician in his/her application for this position in inaccurate, incomplete, or subject to subsequent material change.

10. This contract will be terminated immediately should the professional liability insurance referred to in Paragraph 4 lapse for any reason during the period of this contract.

11. This contract is not valid until signed by the Dean of the School of Medicine or the Dean's designated representative.

Date: _____ VISITING PHYSICIAN _____ Date: _____ CHAIRMAN OR DIRECTOR OF TRAINING, DEPT. OF

KENTUCKY STATE LICENSE NUMBER _____ Date: _____ DEAN, SCHOOL OF MEDICINE

AUTHORIZED OFFICIAL FOR
PARENT INSTITUTION

Date: _____

