Dear Prospective U of L Resident:

Thank you for your interest in residency training at the University of Louisville. In order to provide complete and accurate information to all applicants, the following documents are enclosed:

- Sample Resident Contract
- Policy Regarding Foreign Nationals and International Graduates
- Resident Selection Policy
- Medical Licensure Policy
- Background Check Policy
- Benefits Provided
- Leave of Absence Policy
- Stipend Schedule
- Paid Time Off Policy
- Technical Standards for Admission, Continuation, and Graduation

Please take time to review this information, as these policies and sample contract detail the requirements for entry into University of Louisville training programs.

Please sign the acknowledgement below and return to the program director or coordinator.

Sincerely,

Murali Ankem, MD.
Vice Dean for Graduate Medical Education

I acknowledge receipt of the documents listed above, which detail the entry requirements for matched/selected applicants to University of Louisville School of Medicine residency training programs.

Signature_____ Date_____

Printed Name_____

UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE
RESIDENT AGREEMENT

Section I

THIS AGREEMENT is made by and between the University of Louisville, hereinafter referred to as "University", and Dr. _____presently enrolled in an advanced educational program at the University of Louisville School of Medicine, and hereinafter referred to as "Physician".

WITNESSETH:

In consideration of the promises contained herein, and representations made by the Physician in his/her application for appointment, the University and the Physician agree as follows:

1. Subject to satisfactory completion and passage of the University of Louisville's pre-employment Criminal Background Check (CBC), the University hereby appoints the Physician to serve as a Resident at postgraduate level _____ in the University of Louisville Affiliated Hospitals for the period beginning _____ and ending _____ at the end of the assigned duty period, at a minimum stipend of $ _____ per annum. For purposes of this Agreement, Affiliated Hospitals shall mean and refer to the list of participating hospitals and teaching sites included in Resident Policies and Procedures. The 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 RESIDENT BEYOND POSTGRADUATE LEVEL ONE IS CONTINGENT UPON, AMONG OTHER THINGS, POSSESSION OF A VALID LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY.

2. The Physician understands that he/she is entering into a University of Louisville graduate medical education program in *(program)* _____that is normally completed in _____ years. However, the Physician understands that this appointment is for the academic year 2025-2026 only. The Physician is under no obligation to continue in the University graduate medical education program beyond that academic year, and the University is under no obligation to appoint the Physician to any graduate medical education program beyond that academic year. Conditions for reappointment are determined by the Program, in accordance with the Accreditation Commission on Graduate Medical Education (ACGME), relevant certifying board, departmental standards, and the GME Policy on Evaluation, Promotion, and Termination. Residents are strongly advised to review the GME information on Board eligibility and to access the specific relevant information from their certifying boards available at www.abms.org

3. The 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 Program Director and approved by the Dean of the School of Medicine. There may, on occasion, be elective opportunities for qualified residents to take extra call or duties for extra pay.

4. The Physician agrees to be bound by all applicable rules, bylaws, policies and regulations of the University and the University's Affiliated Hospitals, as applicable, including but not limited to any vaccination policy, use of personal telephones for patient care and communication, the Policy on Delinquent Medical Records, Policy on ACLS, Policy on Immunization, and all other policies/procedures outlined in the currently effective Resident Policies and Procedures, which is available at https://louisville.edu/medicine/gme/current-residents/current-residents (click on "Resident Policies and Procedures"). In the event of any inconsistency between University and University's Affiliated Hospitals' policies, the terms of the University Affiliated Hospitals policies shall control in matters involving patient care. For any other inconsistency, the terms of the University's policies shall govern. The physician further agrees to provide timesheets as directed by the Program Director and/or the Graduate Medical Education Office, as outlined in the GME Resident Duty Hours Policy. The Physician hereby consents to the University's disclosure of any information of the Physician to the University' of Louisville's Affiliated Hospitals to verify compliance with the site's policies.

5. The extent, conditions, and limitations of medical malpractice liability coverage provided to the Physician for work done in the course of meeting his/her obligations under this Agreement are set forth on the reverse side of this Agreement, which is incorporated herein by reference.

6. The University agrees to provide the Physician with health, disability, and life and accident insurance coverage to the same extent, and under the same terms and conditions, as it offers such coverage to full time University employees. Other benefits provided, including counseling services, are outlined in Resident Policies and Procedures. The Physician must select benefits and enroll within 30 days of the required report date in order for the University to provide health insurance coverage effective on that date.

7. The Physician agrees to fulfill the educational requirements of the advanced educational program as delineated in the "ACGME Program Requirements for Graduate Medical Education" and approved standards of the ACGME, available at ACGME.org. It is agreed and understood by the parties that the Physician's relationship to the University is that of a student to an academic institution and not that of an employee to an employer.

8. Except as prohibited by law, including but not limited to applicable provisions of the Immigration and

Nationality Act, and in accordance with the Moonlighting and Extra Duty Pay Policy outlined in Resident Policies and Procedures, the Physician shall be free to use his/her off-duty hours in appropriate related activities, including engaging in outside employment activities, so long as the Physician obtains the prior written approval of the Department Chairman or Program Director for such outside employment activities and only if such activities do not interfere with his/her obligations to the University, impair the effectiveness of the educational program engaged in, or cause detriment to the service and reputation of the hospital to which the Physician is assigned. The University does not provide professional liability insurance, or any other insurance or coverage relating to Physician's off-duty activities or employment and assumes no liability or responsibility for such activities or employment.

9. Vacation, sick leave (including parental leave), and personal or educational leave shall be taken in accordance with the related Resident Policies, outlined in Resident Policies and Procedures. The effect of leave time on fulfillment of criteria for completion of training is included in the related leave policies and will be determined in accordance with ACGME and Board eligibility requirements.

10. The Physician understands that ACGME site visits and Joint Commission visits to Affiliated Hospitals are essential to accreditation of training programs, and that site visitors may request/require certain records pertaining to the Physician for review as part of these site visits. The Physician acknowledges and consents to the University providing these records in accordance with applicable law.

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

12. The University has the right to suspend the Physician from his/her duties or to terminate this Agreement whenever the University determines that: (a) the Physician is failing to meet the academic or professional requirements of the graduate medical education program; (b) the Physician is failing to abide by the rules, bylaws, policies, or regulations of the University or the University's Affiliated Hospitals; or (c) the Physician's continued appointment or staff privileges are not in the best interest of patient care as determined by the Dean on the basis of recommendation of the Clinical Competency Committee and the Program Director. Notwithstanding the foregoing, no suspension or termination under this paragraph shall continue unless academic discipline procedures under the provisions of the policy on Grievance Procedures for Residents found in Resident Policies and Procedures are promptly commenced, and any action under this paragraph shall be superseded by any final action taken pursuant to the policy on Grievance Procedures for Residents found in Resident Policies and Procedures.

13. This contract is not valid until signed by all parties. Approval of this contract is subject to the availability of funding.

14. By signing below, I am certifying the completeness and accuracy of all matters contained within my application to the residency program, my application for hospital staff privileges, and my application for professional liability insurance. I understand the University relies upon the representations contained in each of those documents, and that any material misstatements or omissions constitute grounds for immediate termination of this contract, regardless of whether or not I have begun to perform services pursuant to its provisions.

Section II

UNIVERSITY OF LOUISVILLE MALPRACTICE COVERAGE

I. COVERAGE

Residents on rotation at UofL Health, Inc. facilities and other sites approved by the UofL Graduate Medical Education Committee (GMEC) and KMRRRG for training in Kentucky, except as noted below, are covered by malpractice insurance purchased by the University with annual limits of $250,000 per claim/ $750,000 aggregate claims per Resident member. In order to qualify for this coverage, the Resident member must complete the required application, be accepted by the company, and comply with the terms of the policy issued by the company.

The Veterans Administration Medical Center and Norton Healthcare owned or operated facilities provide insurance coverage for Physicians rotating there.

Physicians may also purchase additional liability insurance at their own expense.

This malpractice coverage applies only to duties assigned as part of regular residency training programs. Moonlighting and/or other off-duty activities or employment is specifically not covered.

II. DUTIES OF PHYSICIANS

The Physician shall report all Incidents to the malpractice insurance carrier and the administrator of the Affiliated Hospital in which the Incident took place. The Physician shall assist the training program and the insurer in the preparation of the defense of a claim, in the conduct of any suit or the settlement thereof, including, but not

limited to, meeting with counsel, attending depositions, trials, hearings and securing and giving evidence. In connection with this cooperation and assistance, the Physician is expected to bear all his/her own personal expenses, including without limitation, the Physician's travel expenses for any necessary travel by him/her, such as transportation, meals and lodging, and any lost income to the Physician for the attendance at depositions, hearings, trials, or the preparation therefore. The Physician shall also inform the GME office and the insurance carrier of any changes in the Physician's home or business address and home or business telephone number.

ADDRESS MALPRACTICE REPORTS AND INQUIRIES TO KENTUCKIANA MEDICAL RECIPROCAL RISK RETENTION GROUP, UNIVERSITY OF LOUISVILLE, (502) 569-2060

I HEREBY CERTIFY THAT I HAVE RECEIVED A COPY OF THIS DOCUMENT AND THAT I HAVE READ AND UNDERSTOOD EVERYTHING WRITTEN IN THIS DOCUMENT.

Physician	Date	Chair or Program Director	Date
Kentucky Medical License Number		Dean, School of Medicine	Date

FOREIGN NATIONALS AND INTERNATIONAL MEDICAL GRADUATES

DEFINITIONS (AS USED IN THIS DOCUMENT)

Educational Commission on Foreign Medical Graduates (ECFMG): ECFMG is a private, non-profit organization established to:

- provide information to and answer inquiries of IMGs planning to come to the United States for GME;
- evaluate IMGs' credentials, knowledge of medicine, and command of English; and
- certify that IMGs have met certain medical education and examination requirements.

Certification by ECFMG is the standard for evaluating the qualifications of International medical graduates (IMGs) before they enter U.S. graduate medical education (GME), where they provide supervised patient care. ECFMG Certification also is a requirement for IMGs to take Step 3 of the three-step United States Medical Licensing Examination® (USMLE®) and to obtain an unrestricted license to practice medicine in the United States.

ECFMG also administers the Exchange Visitor Sponsorship Program (EVSP), which sponsors J-1 visas for the purpose of participation in a U.S. accredited training program. For more information and a complete listing of services provided to assist IMGs, please go to the ECFMG website www.ECFMG.org or contact Kathy Sandman in the GME Office.

Employment Authorization Documents (EAD): A document issued by the United States Citizenship and Immigration Services (USCIS). See https://www.uscis.gov/working-in-the-united-states/information-for-employers-and-employees/employer-information/employment-authorization for more information.
International medical graduates (IMGs): A physician who has graduated from a medical school outside of the United States or Canada.

POLICY

1. Individual programs may limit the amount of time they will hold a position open for applicants to obtain appropriate immigration status.

<u>ECFMG Certificate Requirement for IMGs</u>

2. All graduates of medical schools outside of the United States or Canada must have a valid ECFMG certificate to train in University of Louisville residency programs.
3. Certificates must be current on the date that the resident begins training.

<u>Foreign Nationals Employment Authorizations/Immigration Status</u>

4. Foreign medical residents may train using a Permanent Resident Card (Green Card) or Employment Authorization Documents (EAD) or by obtaining an accepted via status.
   a. Visas Accepted:

i. J1 Clinical Visa: The University of Louisville School of Medicine utilizes the J1 visa for residency training. Eligibility criteria for the J1 visa include ECFMG sponsorship and acceptance into an ACGME-accredited Residency or fellowship program or any program approved by the ECFMG. Residents sponsored on J1 visas are not allowed to moonlight or earn any income for activities that are not a part of their training program.

ii The GME office must be notified if any of the following occurs with a physician who is sponsored on a J1 visa:

- Offsite rotation or elective
- Leave of absence
- Resignation from program
- Dismissal from program

Remediation (academic probation, whether or not a training extension is required)

- Incident or allegation (death, missing, sustains a serious illness or injury, litigation, incident involving the criminal justice system, sexually related incident or abuse, negative press, etc.)

b. Visas Not Accepted:

i. H1B Visas: Because residents are classified as students at the University of Louisville, the University does not sponsor H1B visas for residency training.

ii. J2 Dependent Visas: J2 dependent visas are not accepted for residency training. These individuals must obtain their own J1 visa status.

iii. J1 Research Visa: The J1 research visa does not allow the clinical activity required for residency training programs. Those applicants currently sponsored on the J1 Research visa must apply for a change of category to J1 Clinical, which requires Department of State approval.

5. It is the resident's responsibility to see that these documents are renewed when appropriate; allowing these documents to expire can result in a lapse in training.

6. The GME office must have a copy of the unexpired document on file in order for the resident to train and be paid.

7. All residents training on visas are required to provide a copy of their most recent I-94 in order to begin training.

PROCEDURE

<u>J1 Visa Application and Renewal Instructions</u>

1. The Training Program Liaison initiates the application. The applicant submits the application and coordinators with the TPL to submit required documents.

2. Under normal circumstances applications take 4-6 weeks to be approved, but it is recommended that applications be sent as early as possible to avoid delay due to unforeseen complications.

3. The deadline for submitting applications for initial sponsorship to the ECFMG is April 1.

4. Applications for continuing sponsorship should be submitted by May 1.

Foreign Nationals Employment Authorizations/Permanent Resident Card Instructions

5. It is the resident's responsibility to see that these documents are renewed when appropriate to avoid any lapse in training.
6. We recommend that applications for renewal of Permanent Resident cards be submitted 5-6 months before the expiration date.
7. Applications for Renewal EAD's should be submitted at least 90 days in advance of expiration.
8. Trainees should notify the GME Office if there is any change in immigration status.

CONTACT

Kathy Sandman
Office of Graduate Medical Education
(502) 852-3135

RESIDENT SELECTION

BACKGROUND (INTENT)

The sponsored residency training programs of the University of Louisville School of Medicine exist for the purpose of training the highest quality physician possible in each program's respective discipline. The following is the official policy for the selection of candidates for training. This policy is consistent with the Accreditation Council on Graduate Medical Education (ACGME) Institutional Requirements and the Commonwealth of Kentucky Medical and Osteopathic Practice Act Regulations and Statutes.
Program directors and coordinators should also be familiar with the "Medical Licensure Policy for Residents" published in the Resident Policies and Procedures manual. Program directors and coordinators are strongly encouraged to call the Office of Graduate Medical Education if questions, problems or uncertainty arise.

DEFINITIONS (AS USED IN THIS DOCUMENT)

Resident: Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Note: The term "resident" in this document refers to both specialty residents and subspecialty fellows.

POLICY

1. Each program must develop standards for resident qualifications and eligibility and the selection process in accordance with the program's accreditation requirements, Board Certification requirements, and institutional policy.

2. Resident Eligibility Applicants with one of the following qualifications are eligible for appointment to accredited residency programs at the University of Louisville School of Medicine:

a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).

b. Graduates of medical schools in the United States and Canada accredited by the American Osteopathic Association (AOA).

c. Graduates of medical schools outside of the United States and Canada who have current valid certificates from the Educational Commission for Foreign Medical Graduates (ECFMG). In addition, as of the 2009-2010 academic year, schools located outside the
U.S. and Canada must:

I. Be officially recognized in good standing in the country where they are located.
II. Be registered as a medical school, college, or university in the International Medical Education Directory.
III. Require that all courses must be completed by physical on-site attendance in the country in which the school is chartered.

IV. Possess a basic course of clinical and classroom medical instruction that is 1. not less than 32 months in length; and 2. under the educational institution's direct authority.

d. For Dental General Practice Residency or Oral and Maxillofacial Surgery: a) Graduates from a predoctoral dental education program accredited by the Commission on Dental Accreditation; b) Graduates from a predoctoral dental education program in Canada accredited by the Commission on Dental Accreditation of Canada; or c) Graduates from an international dental school with equivalent educational background and standing as determined by the institution and program.

I. Dental students sponsored on F1 visas may train utilizing an Employment Authorization Document (EAD) which is obtained via Optional Practical Training (OPT) or Curricular Practical Training (CPT). Canadian and Mexican nationals who have obtained a state/provincial license in their home country, or who have a DDS, DMD, Doctor en Odontologia, or Doctor en Cirugia Dental degree may train utilizing a TN visa.

II. These programs are accredited by the Council on Dental Accreditation of the American Dental Association but are under the general auspices of the University of Louisville School of Medicine Graduate Medical Education Programs. Candidates must obtain dental licensure through the Kentucky Board of Dentistry.

e. ACGME Residency programs must require all prerequisite post-graduate clinical education required for initial entry or transfer be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

a. A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME- accredited program and with approval by the GMEC's Accreditation Subcommittee may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.

f. ACGME Fellowship programs must note if the Review Committee (RC) allows exceptions under Common Program Requirements section III.A

ii. If the RC allows exceptions, the program must further note if the program will consider exceptions.

iii. If the program is considering an exceptionally qualify applicant who does not satisfy the eligibility requirements listed in ACGME III.A.1, programs must provide evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty for review and approval by the GMEC's Accreditation Subcommittee PRIOR to any offer of a position. If relevant, material provided to the Accreditation Subcommittee must include Educational Commission for Foreign Medical Graduates (ECFMG) certification information.

3. Non-US Citizens/Foreign Nationals

a. Applicants who are not citizens of the United States must possess or be eligible for one of the following:

   I. J1 Clinical Visa
   II. Valid Employment Authorization Document
   III. Valid Permanent Resident Card

b. The following are not accepted for residency or fellowship training:

   I. J1 Research Visa
   II. J2 Dependent Visa
   III. H1B Visa
   IV. O1 visa

c. Individual programs may limit the amount of time they will hold a position open for applicants to obtain appropriate immigration status.

d. More information is available Foreign National and International Medical Graduates Policy and Procedure.

4. All resident selection must be made without unlawful discrimination in terms of age, color, disability status, national origin, race, religion or sex, in keeping with University of Louisville standards as an Affirmative Action/Equal Opportunity employer.

5. The enrollment of non-eligible residents may be cause for withdrawal of accreditation of the involved program and/or the sponsoring institution.

PROCEDURE & PROGRAM REQUIREMENTS ON RESIDENT SELECTION

1. Recruitment processes are to be determined at the program level in accordance with ACGME and institutional policies.

2. Programs should select from among eligible applicants on the basis of their preparedness and ability to benefit from the program to which they are appointed. Aptitude, academic credentials, personal characteristics, and ability to communicate should be considered in the selection. Personal interviews prior to selection are strongly encouraged.

3. In selecting from among qualified applicants for first-year positions, sponsored programs must participate in the National Resident Matching Program (NRMP) or other national matching program when it is available.

4. In selecting from among eligible applicants for positions other than the first-year positions, programs should select the most qualified candidates as listed in 2.a. above. Appointment to PGY2 (and above) positions is contingent upon candidates being issued a valid Kentucky medical licenses prior to the beginning of the training year. More information is available via the Medical Licensure Policy for Residents.

5. All positions offered or matched are contingent upon successful completion and passing of a local and national Criminal Background Check (CBC). See the CBC Policy for additional information.

REFERENCES & RELATED POLICIES

UofL GME Foreign National and International Medical Graduates Policy and Procedure. UofL GME Guidelines on Postgraduate Level Designations

UofL GME Medical Licensure Policy for Residents UofL GME CBC Policy

ACGME Institutional Requirements, Effective July 1, 2022 (Section IV.B)

ACGME Common Program Requirements (Residency, Fellowship, One-Year Fellowship), Effective July 1, 2022

Revised: May 2024

LICENSURE REQUIREMENTS AND PROCESS

Definitions (As used in this Document)

KBML / Kentucky Board of Medical Licensure: The Kentucky Board of Medical Licensure (KBML) is responsible for protecting the public by ensuring that only qualified medical and osteopathic physicians are licensed and initiating disciplinary action when violations of the Medical Practice Act occur.

Resident: Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Note: The term "resident" in this document refers to both specialty residents and subspecialty fellows. Residents in University of Louisville School of Medicine residency programs are classified as students (see item #7 in the Resident Agreement).

Guidelines

1. PG Y-1 residents in Kentucky are not licensed.
2. However, in instances where a resident appointed to a PGY-1 position has completed one year of accredited training, the resident must obtain licensure.
3. Incoming residents and fellows appointed at PGY-2 and above are required to have a valid Kentucky license before they begin clinical training.
    a. Once matched, these individuals should email Kathy Sandman, who will forward instructions on the licensure process.
    b. Incoming trainees are responsible for applying for their own license and following up to make sure the license is issued on time.
    c. Incoming trainees are expected to apply for the most advanced license (FT, IP, R, or Full) that they are eligible for.

4. The GME office coordinates the licensure procedure for residents who complete their PGY-1 year at UofL and who are continuing at UofL for their PGY-2 year.
    a. FCVS and KBML licensure fees are paid for by the GME office.
    b. In the fall of the academic year, PGY-1 residents are contacted directly by the GME office and asked to come to the GME office to complete the paperwork and online application.
        i. Licenses for PGY-1 residents are approved at the June Kentucky Board of Medical Licensure meeting.
        ii. License numbers are sent to the GME office and distributed to program coordinators.
        iii. License numbers are also available on the KBML website in late June.

License Renewal Process

Full licenses

1. Full licenses expire annually on the last day of February. Residents and fellows who are on Full licenses must renew their licenses before March 1.
2. Residents should have received notices in the mail to this effect from the KBML and are responsible for renewing their own licenses.
3. The renewal process is online via the KBML website. The only instances where paper applications will be accepted are if the applicant answers "yes" to any of the questions on the application. For applications with "Yes" answers, a paper application will need to be printed and sent to the Board, along with payment and a written explanation of the "yes" answer.

Training Licenses

1. Training licenses expire annually on June 30.
2. Each program is responsible for coordinating this renewal process for its residents.
3. This renewal process applies to residents with an IP or R license who will be continuing training after June 30.
    a. This includes those who are off-cycle and who may only be training for part of next academic year, even if it is only a few days or weeks. As long as they are under contract at any level above PGY-2, they must be licensed.
4. All continuing residents on training licenses must renew, with the following exceptions:
    a. If a resident has applied for a full license and expects a Temporary or Full license to be issued by June 30, they should not renew their training license.
    b. If a resident has applied to switch from an IP to an R license and this application will be considered at the June meeting, they do not have to renew their current IP license.
5. The renewal process is completed entirely online via the KBML website. The only instances where paper applications will be accepted are if the applicant answers "yes" to any of the questions on the application. For applications with "Yes" answers, a paper application will need to be printed and sent to the Board, along with payment and a written explanation of the "yes" answer.
6. In cases where a resident is transferring from one UofL program to another, the program that the resident will be in for the upcoming academic year is responsible for making sure that individual's license is renewed.

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a. Once matched, these individuals should email Kathy Sandman, who will forward instructions on the licensure process.

b. Incoming trainees are responsible for applying for their own license and following up to make sure the license is issued on time.

c. Incoming trainees are expected to apply for the most advanced license (FT, IP, R, or Full) that they are eligible for.

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b. In the fall of the academic year, PGY-1 residents are contacted directly by the GME office and asked to come to the GME office to complete the paperwork and online application.

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4. All continuing residents on training licenses must renew, with the following exceptions:

a. If a resident has applied for a full license and expects a Temporary or Full license to be issued by June 30, they should not renew their training license.

b. If a resident has applied to switch from an IP to an R license and this application will be considered at the June meeting, they do not have to renew their current IP license.

5. The renewal process is completed entirely online via the KBML website. The only instances where paper applications will be accepted are if the applicant answers “yes” to any of the questions on the application. For applications with “Yes” answers, a paper application will need to be printed and sent to the Board, along with payment and a written explanation of the “yes” answer.

6. In cases where a resident is transferring from one UofL program to another, the program that the resident will be in for the upcoming academic year is responsible for making sure that individual's license is renewed.

PRE-EMPLOYMENT BACKGROUND INVESTIGATION

I. PURPOSE:

The University of Louisville is required by federal and state law to perform a pre-employment background check on all new residents and fellows entering its Graduate Medical Education programs. The University of Louisville is committed to excellence and service to the community in its selection and training of residents and fellows. The safety and security of our community and the patients served by our graduate medical education training programs are our highest priority.

II. POLICY

i. Consistent with applicable law, the University of Louisville requires all new hires or re-hires, including residents and fellows, to submit to a criminal background check. This includes any prior University of Louisville resident or fellow who has had a break in service and is returning to training on or after this date.

ii. All employment offers, including those resulting from the National Residency Match Program (NRMP), are conditional upon the successful completion of a background check, as well as primary source verification of credentials to confirm that the individual possesses the requisite education, training, and professionalism for the position of graduate medical education physician (resident or fellow). An applicant who refuses to consent to the processes described above is ineligible for employment as a resident or fellow.

iii. Applicants to all residency and fellowship programs sponsored or administered by the University of Louisville will be notified in writing of the requirement for the Background Investigation at the time of interview, and further, that the conditional offer of employment, including that acquired as a result of the Match, may be withdrawn in the event the applicant refuses or declines consent to the Background investigation.

iv. Criminal background checks will be performed through the University of Louisville Human Resources Department only after the applicant has received an offer of employment.

v. The University of Louisville reserves the right to withdraw an offer of employment from a resident or fellow if the results of the criminal background check yield information inconsistent with this policy.

vi. Criminal background information released to the University of Louisville will be used only for purposes of assisting in making hiring or other employment decisions.

III. PROCEDURE

i. Application:

   a. Once an applicant has accepted an employment offer, including one which arises from the National Resident Match Program (NRMP), the Graduate Medical Education Office will enter the requisite information into the University of Louisville's human resources management system to request a criminal background check for the applicant.

b. The applicant will receive an email from the University of Louisville's approved criminal background check vendor with instructions for online completion of a criminal background check.
c. The Graduate Medical Education Office will receive electronic confirmation of an applicant's completed criminal background check.
d. The hiring process will not move forward until the applicant has completed this online information to initiate the criminal background check.

ii. Convictions:
a. The existence of a conviction does not automatically disqualify an individual from eligibility for employment. Relevant considerations may include, but are not limited to: the date, nature and number of convictions; the relationship the conviction bears to the duties and responsibilities of a fellow or resident physician; and successful efforts toward rehabilitation.
b. Any decision to reject or accept an applicant with a conviction is solely at the reasonable discretion of University of Louisville.
c. If the University of Louisville becomes aware that an applicant or current employee has misrepresented or not been truthful in the screening processes described in this policy, he/she may be subject to disciplinary action up to and including revocation of the offer or termination.

iii. Results:
a. Confidentiality: Reasonable efforts will be made to ensure that results of criminal background checks are kept confidential in accordance with applicable law. By virtue of applying for the residency or fellowship program, the applicant consents to the University of Louisville's disclosure of the results to appropriate program personnel at the affiliated site(s) at which the resident or fellow will perform his or her training as necessary to assist in its review.
b. Access to Results: The University of Louisville Human Resources Department reviews those criminal background checks that yield findings. If adverse information deemed to be relevant to the applicant's suitability for employment as a resident or fellow is contained in the criminal background check, the University of Louisville Human Resources Department and/or its vendor will notify the applicant in writing.
c. Information Available through Background Checks: The criminal background check will include a record of all arrests and convictions.
d. Ability of Applicant to Review Information: An applicant whose criminal background check yields findings will be provided a copy by the University of Louisville Human Resources Department or its approved vendor.
e. Right to Respond to Adverse Report: The applicant may submit additional written information, including an explanation of the occurrence(s), to the University of Louisville Human Resources Department for consideration in the employment decision. Such information may be shared with the appropriate representatives of the Office of Graduate Medical Education for consideration.

f. If the conditional offer of employment is to be withdrawn, the Residency Program/Graduate Medical Education Office must request a Match waiver from the National Residency Match Program (NRMP) prior to rescinding the offer. For all other residents and fellows, GME shall advise the individual in writing that its conditional offer of employment is rescinded.

g. If the resident or fellow applicant feels that a National Residency Match Program (NRMP) violation has occurred as a result of the revocation the applicant may contact the National Residency Match Program (NRMP) or other applicable Match program.

h. Right to Change and/or Terminate Policy: Reasonable efforts will be made to keep employees informed of any changes in the policy. However, the University of Louisville reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

FRINGE BENEFITS

Residents and fellows receive a generous package of fringe benefits. Some are provided by the University and some are provided by the Graduate Medical Education Office. Questions about benefits should be directed to the GME Office.

Life Insurance- Provided by University of Louisville
Term life insurance is provided for all residents, in the amount of $2000 of life insurance for each $1000 of annual stipend. Accidental death and dismemberment coverage is included.

Health Insurance- Provided by University of Louisville
Single and family coverage is available at group rates. Several different plans at varying costs are available to choose from. Residents may choose Premium Conversion, which permits payment of premiums with pre-tax dollars. Flexible Spending Accounts also available.

Workers Compensation- Provided by University of Louisville
All residents are covered by workers' compensation for medical expenses and lost work time due to job-related illness or injury.

Disability Insurance- Provided by GME Office
Long-term disability insurance is provided for residents, free of charge. See coverage booklet for details: https://louisville.box.com/s/4crjf4x71p0e12fpxiorpo7cx0okx2l0

Malpractice Insurance- Provided by GME Office
(See Malpractice Coverage section in this document)
Coverage is provided for all residents by either the University of Louisville or by the hospitals to which residents are assigned. This coverage applies to all assigned rotations that are part of residency training, as detailed on the reverse side of the resident agreement.

Dental Care and Coverage- Provided by GME Office
The Faculty Practice Office in the Outpatient Care Center will provide annual examinations, including cleaning and up to four bitewing x-rays, to residents free of charge. Any additional services are the responsibility of the resident. Residents can call 852-5401 for information. Residents may also purchase, at group rates, dental insurance in both single and family plans through the University of Louisville.

Employee Assistance Program- Provided by University of Louisville
https://louisville.edu/hr/benefits/employee-assistance-program
An Employee Assistance Program (EAP) is available to residents and fellows at no charge and provides confidential counseling, assessment and referral services. The program deals with a broad range of issues such as emotional/behavioral, family and marital, alcohol and/or drug, financial, legal, and other personal problems.

Medical Licensure- Provided by GME Office
Kentucky state law requires that all PGY-2 and above trainees be licensed to practice medicine in the state of Kentucky. The fee for the initial training license is paid by the Graduate Medical Education Office for the PGY-1's who continue as PGY-2's in U of L programs.

Campus Health Service Office- Provided by GME Office
https://campushealth.louisville.edu/
Hepatitis B immunization and an annual TB skin test are required and furnished free of charge to all residents. The Campus Health Services Office provides minor urgent medical care and immunizations, including boosters and TB testing. Personal counseling is also available. The Campus Health Services Office also serves as an on-site treatment facility for workers compensation related injuries and exposures including needle sticks, and as the repository of resident immunization records and exposure data. The office is staffed by board certified faculty physicians and faculty nurse practitioners who have extensive primary care and occupational exposure experience.

Paid Time Off- Provided by GME Office
All postgraduate physicians are entitled to 28 calendar days of PTO for each twelve-month period.

Lab Coats- Provided by GME Office
Lab coats are provided by departments for residents at the beginning of their training.

Library Privileges and Services- Provided by GME Office
Residents have library privileges at the medical school library (Kornhauser Health Sciences Library) and at all affiliated hospitals. Available services include electronic literature searches and interlibrary loan service. Audiovisual equipment, as well as computers and computer software, are made available to residents through the library. Through the Kornhauser Library's website (http://library.louisville.edu/kornhauser/), residents have access to thousands of electronic journals via Medline and online e-journal collections. Residents can search the library's catalog or view a collection of electronic textbooks and reference materials online.

Counseling Services- Provided by GME Office and University of Louisville
https://campushealth.louisville.edu/services/mental-health-services
Professional counseling is available to residents through the Health Sciences Center Campus Health Services. Counseling services are also available through the University of Louisville Employee Assistance Program.

Recreational Facilities- Provided by University of Louisville
Free membership to the HSC Fitness Center is available to all HSC residents, students, staff and faculty. The Fitness Center is conveniently located in the Chestnut Street Parking Garage, and includes weight machines, free weights, and 20 pieces of aerobic equipment. Aerobics and yoga classes are also offered. In addition, a swimming pool and recreational facilities on Belknap Campus are also available to

residents, through the Intramural and Recreational Sports Office, the Student Activities Center, and Crawford Gymnasium.

Medical and Personal Leave- Provided by GME Office
(See Leave of Absence Policy and Procedure in this document)
Paid medical leave up to 90 days is available in cases of extended personal illness. Residents are covered under the Graduate Medical Student Leave Policy, which provides up to 12 weeks unpaid leave for personal or family illness. Personal leave is available at the discretion of the Program Director.

Maternity/Paternity Leave- Provided by GME Office
(See Leave of Absence Policy and Procedure in this document)
Residents are allowed up to 42 days of paid post-partum leave.

Lactation Rooms- Provided by GME Office
Lactation rooms are at various locations on the Health Sciences Campus. Current locations available at https://louisville.edu/womenscenter/resources/lactation-information

Health Care and Dependent Care Flexible Spending Accounts- Provided by University of Louisville
Residents may establish accounts to convert tax-free benefit dollars within the limits established by the IRS. Flexible spending accounts provide pre-tax dollars to be used toward medical, dental, vision, pharmacy, and daycare expenses. The monies are reimbursed to the resident for expenses incurred.

Parking- Provided by GME Office
Parking permits are provided to residents by either their program or the GME office at no cost to the resident.

Retirement Plan- Provided by University of Louisville
The University of Louisville House Staff are eligible to participate in the 403(b)-retirement plan by electing to contribute to the voluntary Employee Supplemental and Roth Additional options. The contributions in the Employee Supplemental and Roth Additional options are not matched by the University.

Greater Louisville Medical Society Membership- Provided by GME Office
The Graduate Medical Education office greatly encourages residents to contribute to their community and improve the future of their profession through leadership and advocacy. In that spirit, the Graduate Medical Education Office is providing membership to the Greater Louisville Medical Society (GLMS) and the Kentucky Medical Association (KMA) at no cost to GME contracted residents and fellows.

Uber Transportation Program- Provided by GME Office
An Uber based transportation service is provided free of charge to U of L residents/fellows.
The purpose of this program is to ensure that all residents & fellows have a safe transportation option if they are too fatigued to return home safely.

Other Benefits

Some departments provide additional benefits to their residents, such as textbooks, professional dues, or funds for travel to educational meetings.

LEAVE OF ABSENCE POLICY & PROCEDURE

BACKGROUND (INTENT)

As an Accreditation Council for Graduate Medical Education (ACGME) Sponsoring Institution, the University of Louisville's School of Medicine must have a policy for vacation and other leaves of absence, consistent with applicable laws (ACGME Institutional Requirement IV.G.1). A separate policy document addresses resident vacation.

DEFINITIONS (AS USED IN THIS POLICY)

Calendar day: all 365 days in a year, including weekends and holidays.
Resident: Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. The term "resident" in this document refers to both specialty residents and subspecialty fellows.

1. Program Directors are responsible for assuring that all leaves of absence are granted in accordance with institutional, ACGME, and certifying board eligibility requirements. Should this policy be in conflict with the respective ACGME or Board Certification requirements, those requirements will take precedence.
    a. Any leave of absence must be in compliance with the ACGME Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program.
    b. The leave must also be in compliance with the eligibility requirements for certification by the appropriate certifying board for the specialty.
2. Leaves of absence may require additional training time to fulfill ACGME and/or Board Certification requirements. Program Directors are responsible for determining, in accordance with RRC and Board requirements, how much time must be made up. Program Directors must inform residents in writing, using the Resident Leave of Absence Request Worksheet, of any make-up time required.
    a. If residents are required to make-up time missed, that time must be covered by a Resident Agreement, with the resident being paid at the appropriate Resident Level and all fringe benefits provided.
3. The GME Office sets parameters for paid time off limits. A leave of absence may be paid, unpaid or a combination of paid and unpaid. Pay status of the leave does not impact board eligibility nor if a training extension is necessary.
    a. Paid leave time may be taken intermittently following the initial leave event, at the discretion of the Program Director. A separate leave worksheet must be completed for each segment.

TYPES OF LEAVE

<u>Caregiver Leave</u>

1. Definition of Caregiver Leave: leave granted to care for the resident's spouse, child, or parent who has a serious health condition.
2. Eligibility:
    a. Must be taken for the purpose of caring for a spouse, child, or parent
    b. There is no minimum duration of service requirement and eligibility will start on the day the resident is required to report (orientation date or the first day of payroll for the resident).
    c. If the resident is also Resident/Family Leave eligible, Resident/Fellow Family Leave will run concurrently with Caregiver Leave.
3. Salary & Benefits:
    a. 100% of salary for up to six weeks (42 calendar days) is guaranteed only for the first instance of caregiver leave within a program. Subsequent leaves may be partially paid using any combination of eligible available vacation and program director discretionary leave. Once this time is exhausted, the resident may be permitted to take additional time off without pay up to a total of twelve (12) weeks of leave per academic year under Resident/Fellow Family Leave.
    b. Full health and disability insurance continue while the resident is on paid leave for six weeks (42 calendar days). Once the resident is on leave without pay status, the university will continue to provide his/her health benefits, provided the resident pays the portion of the premiums that normally would come out of his/her paycheck. Residents must check with U of L Human Resources Department to determine the status of the health insurance benefits during unpaid leave of absence and make arrangements for continuity of health insurance benefit coverage.
4. Funding: A resident may be paid during the leave by utilizing any unused vacation days (up to 21 calendar days per contract year). Additionally, residency Program Directors may allow up to two additional weeks (14 calendar days) of paid leave per contract year (Program Director's Discretionary Leave). One additional week of GME paid leave may be utilized. By utilizing 21 days of annual vacation leave and granted two weeks of discretionary time by the Program Director, and one week of GME paid leave, the resident can achieve a six-week (42 calendar days) paid leave
    a. If the resident has taken less than one-week of vacation time in the current academic year prior to the beginning of the leave, they will be eligible to take additional vacation days separate from the leave, up to the point where the one-week total of vacation has been taken during the current PGY.
    b. If one-week of vacation has been taken prior to leave, additional vacation time will not be granted.
    c. In the event the resident has taken more than one-week of vacation in the current academic year prior to their leave, the program should contact the GME Office for review and consideration of additional funding.

<u>Educational or Personal Leaves</u> (Program Director Discretionary Leave)
(if allowed by the RRC or Board)

1. Definition for Educational or Personal Leaves (Program Director Discretionary Leave): leave granted for educational or personal reasons

2. Eligibility: At the discretion of the Program Director, a maximum of 14 calendar days of educational or personal leave may be granted to the Physician per academic year.
3. Salary & Benefits
    a. If approved by the Program Director, 100% of salary for up to 14 calendar days will be paid.
    b. Full health and disability insurance continue while the resident is on paid leave for up to 14 days.
4. Funding: a resident is paid during the leave at the normal stipend and PGY levels
5. Requests for personal leave of absence for a period longer than 14 calendar days must be approved by the Vice Dean for Graduate Medical Education.
6. Educational and personal leave may vary by program according to departmental guidelines, RRC/ACGME requirements, and/or board certification requirements.

<u>Medical (Sick) Leave, excluding Parental (Maternity/Paternity) Leave</u>

1. Definition: Medical (Sick) Leave shall be defined as any medical condition of the individual resident, including complications of pregnancy up to time of delivery which necessitates an absence from a resident's training program.
2. Eligibility:
    a. Available to residents with a serious health condition that makes the resident unable to perform essential training functions.
    b. There is no minimum duration of service requirement and eligibility will start on the day the resident is required to report (orientation date or the first day of payroll for the resident).
    c. An additional period of paid medical leave for any prolonged injury or illness may be requested in writing by the Program Director and Department Chair and submitted for approval by the Vice Dean for Graduate Medical Education.
    d. If the resident is also Resident/Family Leave eligible, Resident/Fellow Family Leave will run concurrently with Medical Leave.
3. Salary & Benefits:
    a. 100% of salary for up to 90 days is guaranteed only for the first instance of medical leave within a program. Subsequent leaves may be partially paid using any combination of eligible available vacation and program director discretionary leave. Once this time is exhausted, the resident may be permitted to take additional time off without pay up to a total of twelve (12) weeks of leave per academic year under Resident/Fellow Family Leave.
    b. Full health and disability insurance continue while the resident is on paid leave for 90 days.
    c. After 90 calendar days of total paid medical leave, leave of absence without pay will begin. Once the resident is on leave without pay status, the university will continue to provide his/her health benefits, provided the resident pays the portion of the premiums that normally would come out of his/her paycheck. Residents must check with U of L Human Resources Department to determine the status of the health insurance benefits during unpaid leave of absence, and make arrangements for continuity of health insurance benefit coverage.

d. The Resident Disability Program begins its coverage 90 calendar days from the date of initial disability. Residents who require more than 90 calendar days for medical leave should apply for disability coverage as soon as they become aware that they will need more than 90 days. Applications for resident disability coverage should be requested from the Graduate Medical Education Office. If disability is denied or the individual requests leave of absence without pay, the University is not responsible for reimbursement while in this status.

4. Funding: A resident may be paid during the leave for a maximum of 90 days by utilizing any unused vacation days (up to 21 calendar days per contract year) and Program Director Discretionary Leave, and GME approved leave. The resident is expected to apply for disability coverage for leave beyond 90 days.

5. Residents on medical leave for more than seven consecutive calendar days must furnish a physician's or medical provider's statement to the Program Director that he/she cannot work for medical reasons. The resident may be requested to provide additional statements at any time during the leave and upon return must furnish a physician or medical provider's statement that he/she is medically fit to resume residency training.

6. The Program Director must inform the Vice Dean for Graduate Medical Education in writing of any medical leave of more than seven (7) calendar days. This notification must include an explanation and a completed "Request for Leave" worksheet (available from the Graduate Medical Education Office).

7. Any modifications of duty assignment related to a medical condition or returning to duty after illness, will be at the discretion of the Program Director and Department Chair, but must conform to state and federal laws relating to disabilities, if any.

<u>Military Leave*</u>

1. Definition of Military Leave: A resident ordered to uniform service,

2. Eligibility: upon presentment of military orders to his/her program director, a resident must fill out a Resident Leave of Absence Request Worksheet and be placed on military leave.

3. Salary and Benefits: While on military leave, the resident shall receive up to 14 calendar days of paid leave in a federal fiscal year (This is equivalent to the Program Director's Discretionary time). All other military leave shall be unpaid.

a. However, at the resident's option, the resident may request use of annual leave vacation time in order to remain in pay status. The resident may not be required to use vacation time.

4. While on military leave, the resident is entitled to reemployment without loss of position in the residency/fellowship program.

5. A resident requesting Military Leave should refer to the University of Louisville Policy on Military Leave. (https://louisville.edu/policies/policies-and-procedures/index_policies)

<u>Parental (Maternity/Paternity) Leave</u>

1. Definition of Parental Leave shall be defined as leave following birth to bond with a newborn, new adoption or foster placement of a child, or granting of legal guardianship of a minor child.

2. Eligibility:

a. Available to birthing and non-birthing parents, adoptive/foster parents, surrogates, and legal guardians.

b. Must be taken within one year of birth, adoption, foster placement, or granting of legal guardianship of a child.
c. The birth, adoption, foster placement, or granting of legal guardianship must occur on or after the resident's report (orientation) date or first day on payroll.
d. There is no minimum duration of service requirement and eligibility will start on the day the resident is required to report (orientation date, or the first day of payroll for the resident).
e. If the resident is also Resident/Family Leave eligible, Resident/Fellow Family Leave will run concurrently with Parental Leave.

3. Salary & Benefits:
   a. 100% of salary for up to six weeks (42 calendar days), per event. Additional time may be approved by the Program Director and would be paid via a combination of vacation time, Program Director Discretionary Leave, and unpaid leave under the Resident/Family Leave Policy.
   b. Full health and disability insurance continue while the resident is on paid leave for six weeks (42 calendar days). Once the resident is on leave without pay status, the university will continue to provide his/her health benefits, provided the resident pays the portion of the premiums that normally would come out of his/her paycheck. Residents must check with U of L Human Resources Department to determine the status of the health insurance benefits during unpaid leave of absence and make arrangements for continuity of health insurance benefit coverage.

4. Funding: A resident may be paid during the leave at their current stipend level for 42 calendar days. Residents may request additional leave time beyond 42 days by using approved vacation leave (up to 21 days), Program Director Discretionary Leave (up to 14 days), or unpaid days.

5. Residents requiring additional leave due to complications of pregnancy or delivery should refer to the Medical Leave section. In cases of extended Medical leave (90 days or greater) residents should contact the resident disability insurance carrier to initiate a possible claim, or request an application from the GME Office.

<u>Resident/Fellow Family Leave</u>

1. Definition of Resident/Fellow Family Leave: Similar to the Federal Family and Medical Leave Act (FMLA), the Resident/Fellow Family Leave program allows qualified residents (male or female) to take up to 12 weeks (84 calendar days) of unpaid leave each year with no threat of job loss.

2. Eligibility: Residents who have been enrolled in a training program for one year and have worked 1,250 hours in the 12 months prior to leave are eligible for resident/fellow family leave.
   a. Qualifying events include the birth of a newborn, the adoption of a child or newborn, taking a state-approved foster child into one's home, time off to care for a parent, spouse or child under 18 with a serious health condition, and time off to care for children who are older than 18 if they are unable to care for themselves, because of either mental or physical reasons. It will not, however, allow resident/fellow family leave time for the care of parents-in-law, or other relatives.
   b. Resident/fellow family leave does not cover time off for, among other things: the care of a parent-in-law; death in the family; cold, flu, earaches, upset stomach, minor ulcers,

headaches other than migraine, routine dental and orthodontia problems, periodontal disease or cosmetic treatments.

3. A resident may take intermittent leave or work on a reduced leave schedule where he/she works fewer hours a day or week than normally scheduled. The schedule should be designed to cause the minimum amount of disruption to the training program as is possible.

4. Resident/fellow family leave cannot exceed 12 weeks (84 calendar days), but GME may also provide for situations that go beyond the 12 weeks (84 calendar days). Additional information about extended leave is available from the Graduate Medical Education Office. Any time that exceeds available vacation/PD discretionary time will be unpaid time.

5. Exclusion: If both spouses are enrolled in U of L training programs, they are entitled to only 12 weeks of graduate medical student leave combined for the birth and care of a newborn or the placement of a child in their home. Otherwise, they are entitled to 12 weeks each.

PROCEDURE

1. For any Leave of Absence, a Resident Leave of Absence Request Worksheet or a Parental Leave of Absence Worksheet (available from the Graduate Medical Education Office) must be completed and signed by the Program Director and resident (if available) and approved by the Vice Dean for Graduate Medical Education .

   a. Program Directors must inform residents in writing, using the Resident Leave of Absence Request Worksheet, of any make-up time required. If residents are required to make-up time missed, that time must be covered by a Resident Agreement,

2. After approval by the Vice Dean of GME, the Leave of Absence will be recorded in the institutional Residency Management System, MedHub, by the Administrator of the Program. The Leave of Absence will become part of the resident's official training record. MedHub allows for documentation of four types of resident absences: Vacations, Sick Days, Away Conferences, and Leaves of Absences. See Guidelines for MedHub Use document for more information.

REFERENCES & RELATED POLICIES

ACGME Institutional Requirements, Effective July 1, 2022, section IV.H.
Resident Vacation Policy & Procedure

Revised July 2023.

University of Louisville

Resident Stipends

2025-2026

RESIDENT STIPENDS

PG LEVEL	ANNUAL	MONTHLY
1	$63,723.67	$5,310.31
2	$66,105.08	$5,508.76
3	$68,239.50	$5,686.63
4	$71,322.28	$5,943.52
5	$74,779.06	$6,231.59
6	$78,154.28	$6,512.86
7	$81,405.99	$6,783.83
8	$85,733.08	$7,144.42

PAID TIME OFF

BACKGROUND (INTENT)

As an Accreditation Council for Graduate Medical Education (ACGME) Sponsoring Institution, the University of Louisville's School of Medicine Graduate Medical Education Office must have a policy for vacation and other leaves of absence, consistent with applicable requirements. A separate policy document addresses other leaves of absence.

DEFINITIONS (AS USED IN THIS POLICY)

Resident: Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. The term "resident" in this document refers to both specialty residents and subspecialty fellows.

Averaging of Work Hour rules: If a resident takes vacation or other leave, ACGME requires that vacation or leave days be taken out of the numerator and the denominator for calculating work hours, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation must be averaged over the remaining three weeks).

Calendar day: all 365 working days in a year, including weekends and holidays.

POLICY

1. All postgraduate physicians shall be entitled to 28 calendar days, see definition above, of vacation for each twelve-month period.

2. PTO time shall be prorated for employment periods of less than 12 months.

3. There is no reimbursement for unused vacation leave.

4. PTO days cannot be carried over into or borrowed from another contract year unless requested in writing by the resident and approved in advance by the Program Director.

5. Each training program must have a program-specific policy which is consistent with this GME policy and defines the program's processes of requesting, approving, scheduling and accurately documenting, in MedHub, the residents' PTO days. Approval of PTO time for residents is the responsibility of the Program Director.

a. The program-specific policy must be posted in MedHub, making it available to residents and the GME Office.

6. Should this or the program-specific policy be in conflict with ACGME or Board certification requirements, the ACGME or Board requirements will take precedence.

7. This general policy for PTO is subject to modification in certain programs upon approval by the Vice Dean for Graduate Medical Education or his representative.

PROCEDURE

1. Programs must set up MedHub Program Settings consistent with their program-specific policy.

a. Setting options include blocking dates/rotations on which PTO is not allowed to be scheduled , whether the resident or administrator will initiate the request, and the work-flow process for approval (service head, program director, etc.).

b. MedHub functionality requires the final approval be documented by the administrator.

2. In keeping with documentation best practices and MedHub functionality, all PTO and other absences must be approved prior to the 15th of the following month and the MedHub workflow lockout.

a. For instances where PTO or other absence was not documented by the 15th of the following month, the program must communicate with the GME Office as soon as possible for the system to be corrected.

REFERENCES & RELATED POLICIES

ACGME Institutional Requirements, Effective July 1, 2018, Section IV.G.: The Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. (Core)

Policy & Procedure on Resident Leave of Absence

Revised: April 2019

UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE TECHNICAL STANDARDS FOR ADMISSION, CONTINUATION AND GRADUATION

Delineation of technical standards is required for accreditation of U.S. medical school by the Liaison Committee on Medical Education. The School of Medicine is committed to compliance with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act of 1990, and does not discriminate against otherwise qualified applicants for admission or matriculated trainees who have disabilities. The School of Medicine recognizes that the contract between the school and the public includes the expectation that the school will do everything reasonable to ensure that its graduates can become fully competent physicians. Patient safety must never be compromised. Acquisition of competence is a lengthy and complex process, which would be subverted by significant limitations, with or without reasonable accommodation, on the trainees' ability to participate fully in the spectrum of experiences constituting the medical school curriculum. All candidates for admission, retention, promotion and graduation should be aware that the academic and clinical responsibilities of trainees may, at times, require their presence during day, evening and night hours, seven days a week.

Technical standards provide criteria against which candidates for admission, retention, promotion and graduation from the School of Medicine and its residency and fellowship programs can be assessed as the faculty operating through its committees exercises its judgment in selecting, retaining, promoting and graduating trainees. The curriculum of the School of Medicine has been designed to provide professional education to prepare trainees to enter the independent practice of medicine. In evaluating candidates for admission, retention, promotion and graduation, it is essential that the integrity of the curriculum be maintained, that those elements deemed necessary for the education of a physician be preserved, and that the health and safety of patients be maintained.

All candidates for admission must fulfill the minimum requirements outlined in the Resident Selection Policy located in the University of Louisville Resident Policies and Procedures Manual.

Observation

Candidates must be able, in classroom, clinical and laboratory environments, to acquire information from demonstrations and participate in experiments of science, including but not limited to such things as dissection of cadavers; examination of specimens in anatomy, pathology, and neuroanatomy laboratories; and microscopic study of microorganisms and

tissues in normal and pathologic states. Candidates must be able to obtain a medical history and perform a complete physical examination, integrate findings based on this information and develop an appropriate diagnostic and treatment plan. Candidates must be able to recognize non-impaired versus impaired patient function or conditions. These skills require the use of vision, hearing, smell and touch, or the functional equivalent.

Communication

Candidates must be able to communicate effectively, efficiently, empathetically, and sensitively with patients, their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact. Candidates must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to perceive and react appropriately to changes in mood, activity, posture and behavior; and perceive nonverbal communication. Candidates must be able to gather, transmit and record information accurately and clearly; and communicate effectively and efficiently in English with other health care professionals in a variety of patient settings, using both written and oral form.

Motor function

Candidates must be able to participate in classroom, clinical, and laboratory learning environments in a timely, efficient, and effective manner. Candidates must be able to perform physical examinations (e.g., palpation, auscultation, percussion and other diagnostic maneuvers) using appropriate equipment. They must be able to respond to clinical situations in a timely, efficient and effective manner to provide general and emergency care, including adherence to universal precautions. Candidates must be able, with or without reasonable accommodation, to effectively operate a computer. These activities require some physical mobility, coordination of both gross and fine motor neuromuscular function and balance and equilibrium.

Intellectual, Conceptual, Integrative, and Quantitative Abilities

Candidates must be able to rapidly, consistently and accurately assimilate and analyze clinical data, perform observations, clinical measurements and calculations and problem-solve to make logical diagnoses and therapeutic judgments for patients. Candidates must be able to learn through a variety of modalities including, but not limited to, classroom

instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; simulations and use of computer technology. Candidates must be able to memorize, measure, calculate, reason, analyze, integrate, synthesize, and transmit information. They must recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events, as related to human anatomy and function. They must be able to formulate and test hypotheses that enable effective and timely problem-solving in diagnosis and treatment of patients in a variety of clinical settings and health care systems.

Behavioral and social attributes

Candidates must demonstrate the maturity and emotional stability required for full use of their intellectual abilities. They must accept responsibility for learning, exercising good judgment, and promptly completing all responsibilities attendant to their curriculum and to the diagnosis and care of patients. Candidates must display integrity, honesty, conscientiousness, empathy, a sense of altruism, and a spirit of cooperation and teamwork. They must understand the legal and ethical aspects of the practice of medicine, and must function within both the law and ethical standards of the medical profession. Candidates must be able to interact with patients and their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact in a courteous, professional, and respectful manner. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. Candidates must be able, with or without reasonable accommodation, to tolerate taxing workloads and function in a competent and professional manner under highly stressful situations, adapt to changing environments, display flexibility, and manage the uncertainty inherent in the care of patients and the health care system.

Implementation

Implementation of these technical standards across the educational continuum is within the purview of the faculty of the School of Medicine operating through its faculty committee processes. It is the responsibility of the members of faculty committees to determine the appropriate interpretation and application of the standards in individual cases.