**FCC1 OFFER LETTER TEMPLATE**

Date

Candidate’s Name & Degree Suffix(s)

Address

Dear Dr. Last Name:

On behalf of my colleagues in the Department of \_\_\_, and the [insert Center/Program/Institute (if applicable)], I am pleased to extend to you an offer of employment upon approval of the Dean of the University of Maryland School of Medicine and the President of the University of Maryland, Baltimore (University). Your appointment will be submitted to the School of Medicine at the level of Clinical \_\_\_ (Non-Adjunct Faculty), part-time, non-tenure track, in the Department of \_\_\_. Your appointment will be subject to annual renewals by the School. Faculty appointments with the School of Medicine can begin on any date during the year, but are renewed on an academic year basis, i.e., July 1st to June 30th.

Your new appointment start date will be on or about \_\_\_ and is expected to end on June 30, 202\_. *[If anticipated start date is expected to occur prior to the approval of the offered title****AND offered rank is Clinical Assistant Professor (Non-Adjunct Faculty) or higher,****include the following sentence:]*

If the review process is not complete by your initial start date, you may be granted an interim visiting faculty appointment in order to initiate compensation and until the review process for your final rank and tenure status is complete. Approval of your faculty appointment and hospital privileges depends upon the timely submission of requested paperwork. Delays in submission of this paperwork may result in postponement of your initial start date. University of Maryland Medical Center (UMMC) credentialling and privileging, as well as all required hospital and faculty practice training must be completed before you can start work and begin to be paid.

**CLINICAL ASSIGNMENTS AND OVERVIEW OF RESPONSIBILITIES:**

ENTER DETAIL OF CLINICAL RESPONSIBILITIES

**COMPENSATION AND BENEFITS:**

If you accept the terms and conditions of this letter and the attached University Faculty Contingent Category I Temporary Employment and Payment Agreement (“FCC1 Agreement”), the necessary steps will be taken to secure administrative approvals for your appointment. Your formal offer of appointment will come through an appointment letter issued by the Dean’s Office of the University of Maryland School of Medicine, and it will be subject to the terms and conditions stated therein, in the FCC1 Agreement and in this letter.

**LICENSURE; BOARD CERTIFICATION; ADHERENCE TO UMB/SOM POLICIES:**

Your appointment and employment will be contingent upon the following:

1. Please be advised that the requirement of Maryland licensure, including the necessity of timely renewal of expiring licenses, is a condition of employment, and employment cannot occur until such license is obtained. It is your responsibility to notify me immediately upon any non-renewal, suspension or termination of your licensure. If you fail to obtain or maintain a required license you will be suspended from patient or client activities. Furthermore, failure to hold and maintain a required license is grounds for termination of employment. To the extent permitted by University policies, compensation will be suspended or reduced if you are unable to perform employment responsibilities as a result of a lack of appropriate licensure or conditions placed upon your license by a licensing body.
2. If you are not a United States citizen, then prior to your start date, you are required to provide evidence that you are a permanent resident of the United States or that you have secured the necessary approvals to be eligible to work in the United States.  This offer will be null and void if you are not fully eligible to work as a member of the faculty on your effective date.
3. This offer and ongoing employment are contingent upon your successful completion of the hospital credentialing and privileging processes at the University of Maryland Medical Center and any other healthcare facility where you are required to be a member of the professional staff.  The effective date of your hospital privileges must coincide with the date of your faculty appointment. In addition, your completed provider forms for Medicare, etc. must be promptly returned to our Professional Fees Office to ensure the practice can immediately bill for your professional services. Therefore, it is important that you complete and return all paperwork that will be sent to you by our administrative offices on time. In addition, you must attend a University Physicians Compliance Training class before you begin to render patient services as an attending.

1. As a condition of employment, all faculty in the School of Medicine are expected to meet the credentialing, compliance training, other regulatory documentation requirements, and/or occupational health standards required by their job duties.
2. As a condition of employment, you will be restricted from soliciting any of the Practice's patients to provide \_\_\_ services. You will be restricted from soliciting/employing any individual who was employed by the Practice, department, and/or University of Mayland, Faculty Physicians, Inc. (FPI) during the two (2) years immediately preceding the termination of your employment. Your approval of this letter and your subsequent commencement with us constitute your acceptance of this restriction.
3. Before commencement of your UMB employment you will need to disclose if you currently have, or you plan to have a financial or employment relationship with any outside company to the department chair . If you do have a financial or employment relationship with an outside company, you will need to work with the department chair to develop an acceptable plan for management of the conflict. If the conflict cannot be managed, or the President of UMB does not accept the plan and grant a conflict-of-interest exemption, you may need to conclude your relationship with the company or pursue other employment.

You should be aware that per the University of Maryland School of Medicine Medical Service Plan (“MSP”), as a faculty member of the School of Medicine, all collections generated from direct patient care and other clinical services you render, are the property of the department’s clinical arm, i.e., University of Maryland \_\_\_, PA. This means that you will be credentialed through the PA, and the PA will bill and collect on your behalf. Should you have any questions regarding this, please let us know.

Please be aware that we insist upon highly professional and respectful interactions with all, regardless of position or status, in the workplace. We expect our faculty to display the highest levels of professionalism. Faculty must adhere strictly to all University policies regarding professionalism, harassment, and disruptive behavior. Others should be treated in a dignified manner, compassionately and respectfully. Unprofessional interactions and disruptive behavior will result in swift and appropriate counseling and disciplinary action, up to and including non-renewal and termination.  Detailed information is listed in this link. <https://www.medschool.umaryland.edu/OFAPD/Professionalism/>

[If part-time below 50%] New hire I-9 supporting documents must be verified in-person by the HR Service Center. As part of the hiring process you should register for Intake using the following link:

[https://outlook.office365.com/owa/calendar/HumanResourcesServiceCenter@umbcits.onmicrosoft.com/bookings/s/EeHVyYMzv0CbzWeCD9NuCw2](https://outlook.office365.com/owa/calendar/HumanResourcesServiceCenter%40umbcits.onmicrosoft.com/bookings/s/EeHVyYMzv0CbzWeCD9NuCw2).

Faculty members employed at less than 50% FTE are not eligible for UMB benefits and are only provided with benefits required by law; however, the Department is pleased to pay medical staff dues for required hospital privileges and day parking passes for the provision of on-site professional services rendered on behalf of this agreement. Please note that the professional liability coverage provided to you from the Maryland Medicine Comprehensive Insurance Program does not extend to any clinical service not provided on behalf of this agreement.

Feel free to contact me if you have any questions. If you accept this offer based on the terms and conditions outlined above, please sign below and on the attached FCC1 agreement, then return copies to me by DATE. Following your acceptance, I will process the necessary paperwork for final approval by the School of Medicine and University.

On behalf of the faculty and staff, we look forward to pursuing our common educational and professional goals.

Sincerely,

Department Chair

University of Maryland School of Medicine

[co-signed by Center/Institute/Program Director if providing funding]

cc: Dean’s Office

 Administrator

Enclosures

By my signature below, I accept your offer and aforementioned conditions of employment.

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[Type candidate’s full name and degree suffix] Date