

[INSERT DATE – allow enough time for review and to route for signatures]

**[FIRST LAST NAME, MD/DO/PhD
STREET ADDRESS
CITY, STATE, ZIP]**

Dear Dr. **[INSERT NAME]**:

It is my pleasure to offer you an appointment as **[INSERT RANK]** in the Department of **[INSERT DEPARTMENT]** at the University of South Alabama (“USA”), and employment as a **[INSERT TRACK: Clinician, Educator, or Investigator]** at USA Health. This appointment to the USA faculty and employment with USA Health is subject to **[FOR FOREIGN PHYSICIANS WITH IMMIGRATION ISSUES TO ADDRESS, INSERT: your being able to secure proper work authorization from the United States Citizen and Immigration Service (“USCIS”) and]** satisfactory completion of a background check, degree verification, verification of medical licensure in the state of Alabama, and successful credentialing and privileging at the hospitals owned and operated by USA Health. The offered faculty appointment is a 12-month non-tenure-accruing appointment with the proposed starting date on or about **[INSERT DATE]**. This proposed start date is contingent on full and accurate completion of the credentialing application. An actual start date, which initiates pay, will not occur until credentialing is complete and hospital privileges have been issued. Please note that the Vice-President for Medical Affairs/Dean of the Frederick P. Whiddon College of Medicine, on behalf of the President, will provide the official academic appointment after completion of the hiring and credentialing process.

In your position with the Department of **[INSERT DEPARTMENT]**, your primary role and schedule will be directed by Dr. **[INSERT CHAIR NAME]**, Chair of **[INSERT DEPARTMENT]**, and will include the treatment of patients in the **[INSERT DEPARTMENT NAME]** clinic at **[INSERT LOCATION, i.e. Strada Patient Care Center]**, operating at **[PICK ONE OR BOTH – USA Health University Hospital and/or USA Health Children’s & Women’s Hospital]**, and covering the **[IF APPLICABLE – describe service coverage]** service where you will supervise our USA Whiddon College of Medicine residents. Your responsibilities will include helping develop and foster the educational, clinical, and scholarly activities of the Department. In addition, you will be asked to serve on and contribute to committees of the Department, the Whiddon College of Medicine, **[PICK ONE OR BOTH – and/or USA Health University Hospital/USA Health Children’s & Women’s Hospital]**, as do all of our faculty members. You will also serve as a member of the Medical Staff of **[PICK ONE OR BOTH: USA Health University Hospital/USA Health Children’s & Women’s Hospital]** **[IF APPLICABLE –**, and will participate in call responsibilities as assigned by Department].

The initial proposed salary for this position is **\$(XXX,000)** per year plus benefits of a full time faculty member in the Department of **[INSERT DEPARTMENT]**. **[IF APPLICABLE – Opportunities for additional pay for call in excess of the call described above, and participation in the Supplemental Salary Plan for the Department will also be included in your compensation package.]** Professional liability insurance coverage will be provided to you on an occurrence basis at no cost to you. **[IF APPLICABLE: In addition, USA Health will support you in your immigration process.]**

[FIRST LAST NAME, MD/DO/PhD]

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[IF APPLICABLE – After execution of and pursuant to the terms and conditions of the Physician Employment Agreement, USA Health will pay you a recruitment benefit in the amount of **[DOLLAR AMOUNT]** Thousand and No/100 Dollars (**\$XX,000**). This compensation may be subject to employment withholding and will be subject to repayment with interest should the employment agreement terminate for any reason prior to the anniversary of the **[NUMBER (#)]** year of the Commencement Date of the Agreement.]

[INSERT FOR FOREIGN PHYSICIANS WITH IMMIGRATION ISSUES TO ADDRESS (i.e., currently employed elsewhere and payment of funds is to be made prior termination of employment with other employer),: In addition, as a part of your compensation package, USA Health is offering to you a Commitment Loan in the amount of **[\$XX,000]**, subject to your meeting the contingencies described above, including completion of the credentialing application, and your execution of an Employment Agreement, and Commitment Loan Agreement, and Promissory Note. The Commitment Loan will be forgiven if you remain employed by USA Health for **[NUMBER (#)]** full years. If for any reason your employment with USA Health terminates prior to your completing **[NUMBER (#)]** full years of employment, the Commitment Loan will be due in full immediately upon the termination of your employment. The forgiven proceeds of the Commitment Loan will be taxable income to you in the year the Commitment Loan is forgiven.]

[IF APPLICABLE – USA Health will reimburse up to **[\$XX,000]** [note University policy sets a limit of \$15,000] for the costs you incur to move your household goods to the Mobile, Alabama area. Moving expenses paid to you will be treated as taxable income except for the reimbursement of expenses associated with the move of your laboratory or office, if any.]

The *USA Faculty Handbook* and the *College of Medicine Guidelines* for faculty address questions you may have about rights and responsibilities of faculty, as well as information regarding USA policies and promotion/tenure guidelines. These documents are available on-line at:

- <http://www.southalabama.edu/departments/academicaffairs/facultyhandbooks.html>
- <https://www.southalabama.edu/colleges/com/administration/faculty-affairs.html>

We look forward to you joining the Department of **[INSERT DEPARTMENT]**, the University of South Alabama, and USA Health. If you find these terms acceptable, please sign and return this Offer Letter to **[INSERT NAME]** within **[INSERT # DAYS]** of receipt. We will then begin preparing a definitive Physician Employment Agreement **[INSERT IF APPLICABLE: and recruitment benefit]**, and start the process of credentialing.

Sincerely,

[CHAIR NAME, MD/DO/PhD]

Professor and Chair, **[INSERT DEPARTMENT]**

{If space allows, move signature lines up to second page}

[FIRST LAST NAME, MD/DO/PhD]

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G. Owen Bailey, MHA, FACHE
Chief Executive Officer and Senior Associate Vice-President for Medical Affairs

John V. Marymont, MD, MBA
Vice-President for Medical Affairs
Dean, Frederick P. Whiddon College of Medicine

I accept the terms and conditions as stated above:

[INSERT CANDIDATE NAME, MD/DO/PhD]

Date: _____

cc: **[INSERT D.O. NAME, Director of Operations, [INSERT DEPARTMENT]**
Jeanna M. Smith, Director, Office of Faculty Affairs
Krissy Shamburger, Physician Recruiter, USA Health