

April 3, 2009

To: New Upper Level Residents and Fellows

From: Graduate Medical Education

Re: First Mailing

On behalf of the University of Wisconsin Hospital and Clinics, we would like to take this opportunity to welcome you to UWHC. Our office handles the administrative aspects for all UWHC Graduate Medical Education training programs, including payroll, benefits, requirement tracking and accreditation. If you have general questions about your appointment to UWHC, please call us at (608) 263-0572. If you have specific questions regarding your training program, such as rotation and call schedules, contact your program coordinator.

Below we have described the contents of this mailing. The mailbox (📧) symbol indicates items that must be returned to our office by April 16<sup>th</sup> in the manila envelope addressed to the GME office. The “**I**” indicates informational items.

📧 **Appointment Letter** Your official appointment letter indicates your start date, program and stipend level. Please sign the letter and return the original in the enclosed envelope. *We suggest you keep a copy of this letter and if necessary provide it as employment documentation for mortgage or rental agreements.*


📧 **Caregiver Background Check (blue)** Wisconsin State law requires us to perform a caregiver background check on each new resident. This requirement must be met prior to your start date. To ensure timely completion of this requirement, return the attached forms (blue) along in the enclosed envelope.

📧 **Emergency Contact Form (2-Ply)** In case of an emergency, please indicate the relative or significant other you wish to have contacted.

📧 **Personal Verification Form** Please verify/complete the information provided on this form and return in the enclosed envelope.

📧 **Lab Coats (purple)** Complete the enclosed Lab Coat form and return in the enclosed envelope.

(OVER)

 **Pre Training Health Assessment (pink)** Wisconsin State law and UWHC policy require you to complete a pre-training health assessment, including a urine drug screen, prior to your start date. Immediately call 608-263-7535 for an appointment. You will not be able to begin your program until this requirement has been met! This document describes how to meet the requirement. Complete the enclosed forms and return them directly to Employee Health Services in the envelope provided.

**I UWHC Photo ID Badge** Your photo will be taken on June 30. Your legal name will appear on your badge. No shortened or middle names are acceptable.


**I Orientation – Mark your Calendar**

- You will be required to attend a number of orientation and training days.
- **Monday, June 29, 2009** Health Link Computer training.
- **Tuesday, June 30, 2009** The institutional Graduate Medical Education Orientation for your clinical start date.
- **Wednesday July 1, 2009** Your program coordinator will notify you of specific program orientation that will include any additional Health Link training and VA orientation as the schedule is finalized.

**I Appointment Information Document** Read this document and save it for future reference. This document outlines your benefits, responsibilities and requirements. It is updated annually.

**I Other Mailings** Late April another mailing will be sent to include payroll and benefit forms. These forms will be due by June 1. ***Please keep us informed of any address changes.***

**I J-1 Visa Materials** Those training on a J-1 visa, your visa materials and completion instructions are enclosed.

**I &  Licensure (green)** In the State of Wisconsin, all physicians beyond their second year of postgraduate training are required to be fully licensed by their start date. The enclosed forms describe your licensure options. We have also included a TEP application to cover the delays that may arise with the Department of Regulation and Licensing with full licensure.

**I Housing** The House Staff Association maintain a web site [www.uwha.org](http://www.uwha.org) with current housing information.