



**Westchester
Medical Center**

Westchester Medical Center Health Network

**WESTCHESTER MEDICAL CENTER
RESIDENT / FELLOW SAMPLE
AGREEMENT,
TERMS AND CONDITIONS,
POLICIES AND PROCEDURES**

2022-2023

WESTCHESTER COUNTY HEALTH CARE CORPORATION

I, Dr. XXXX XXXX accept appointment as a Resident/Fellow, Training Level XX in the XXXXX Training Program at the Westchester County Health Care Corporation (hereinafter the “WCHCC”), commencing (*start date*) and ending (*end date*) at Salary Level PGY X at an annual rate of pay of \$XXXX. The appointment may be renewed by mutual agreement.

I understand that this contract is contingent upon receipt of all required documents, credentials, valid employment authorization, and completion of all pre-employment and post-employment requirements and the results of a satisfactory background check performed by Westchester Medical Center. Also that amongst other things, the scope of my responsibilities as a member of the house staff of WCHCC, work schedules and practices as well as wages and financial support, leave policies (including vacation time and pay), professional liability insurance, other hospital and health insurance benefits, professional, parental and sick leave benefits, availability of housing, meals and laundry services, counseling, medical, psychological and other support services, policies relating to sexual and other categories of harassment, my ability to engage in professional activities outside of the educational program and grievance procedures are addressed in the collective bargaining agreement (hereinafter “CIR Agreement”) between WCHCC and CIR, the House Staff Benefits Plan, the Human Resources New Employee Manual, the Westchester Medical Center Administrative Policy and Procedure Manual, and the Westchester Medical Center Code of Conduct.

<i>Financial Support</i>	<i>CIR Contract--Article III, Section 5</i>	<i>Attachment A</i>
<i>Sick Leave, Extended Sick Leave, Parental And Professional Leave Vacation Policies</i>	<i>CIR Contract--Article IV, Section 2, 3,4,5,6,7,8 CIR Contract--Article IV, Section 1</i>	<i>Attachment B</i>
<i>Professional Liability Insurance</i>	<i>CIR Contract--Article XV, Section 1,2</i>	<i>Attachment C</i>
<i>Hospital and health insurance benefits for the Residents and their families</i>	<i>CIR Contract--Article VIII, Section 1,2,3,4</i>	<i>Attachment D</i>
<i>Conditions under which living quarters and laundry equivalents are to be</i>	<i>CIR Contract--Article X, Section 1 Articles XII & XIX or their House Staff Manual provided</i>	<i>Attachment E</i>
<i>Counseling, medical, Psychological, Support services</i>	<i>Westchester Medical Center</i>	<i>Attachment F</i>
<i>Institutional policies covering sexual and other forms of harassment</i>	<i>Westchester Medical Center Human Resources Policy and Procedure(s)</i>	<i>Attachment G</i>
<i>Duration of appointment and process of reappointment</i>	<i>CIR Contract--Article V, Section 1-6</i>	<i>Attachment H</i>
<i>Moonlighting Policy</i>	<i>Westchester Medical Center Administrative Policy and Procedure R-9</i>	<i>Attachment I</i>

<i>Grievance Procedures Remediation and Probation</i>	<i>CIR Contract--Article XVI, Section 1-9 Westchester Medical Center Administrative Policy and Procedure(s)</i>	<i>Attachment J</i>
<i>Resident's responsibilities</i>	<i>Duty Hours Policy Administrative Policy and Procedure(s) R-10 Delineation of Privileges, per Department USMLE Step 3 Requirement</i>	<i>Attachment K</i>
<i>Physician Impairment</i>	<i>Policy on Physician Impairment & Substance Abuse</i>	<i>Attachment L</i>
<i>Credentialing Requirements</i>	<i>WMC – Credentialing Checklist</i>	<i>Attachment M</i>
<i>Post Offer Pre-Employment Requirements / Drug Testing</i>	<i>Westchester Medical Center Human Resources Policy I-C-4,5</i>	<i>Attachment N</i>
<i>Access to information related to Eligibility for specialty boards</i>	<i>ABMS Board Requirements</i>	<i>Attachment O</i>
<i>Effect of leaves on satisfying Program completion and Board Eligibility</i>	<i>Westchester Medical Center</i>	<i>Attachment P</i>

I have read and understand the attachments, A through P, and have been given the opportunity to have any questions I may have satisfactorily addressed. I understand that the summaries contained herein are not a substitute for the source documents.

I agree to comply faithfully with all applicable laws, rules and regulations of the Westchester County Health Care Corporation, the Joint Commission on Accreditation of Healthcare Organizations, New York State Health Department, and other affiliated hospitals of the New York Medical College, the CIR agreement, the House Staff Benefits Plan, the Human Resources New Employee Manual, the Westchester Medical Center Administrative Policy and Procedure Manual, and the Westchester Medical Center Code of Conduct, and to strictly adhere to the instructions and directions of my Director of Service.

Further, the WCHCC agrees to provide a suitable environment for medical education experience and a training program that meets the standards of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements, prepared by the Accreditation Council for Graduate Medical Education of the American Medical Association.

Date _____

 Dr. XXXX XXXX

Date _____

 Michael Israel, President & CEO

Reviewed by:
 Carol DeFilippis Administrative Director, Medical Education