

**WEST CHESTER HOSPITAL
GRADUATE MEDICAL EDUCATION STANDARD TERMS & CONDITIONS
2026/2027**

Accreditation Council for Graduate Medical Education Accredited Programs

UC Health, LLC, an Ohio nonprofit limited liability company, on behalf of West Chester Hospital, LLC (“WCH”) Ohio non-profit limited liability company, and Resident (as herein defined) have executed a Graduate Medical Education Contract (the “GME Contract”) which incorporates these 2026/2027 West Chester Hospital Graduate Medical Education Standard Terms & Conditions and the attached Exhibits A and B (collectively the “Standard Terms & Conditions”) in their entirety. Throughout these Standard Terms & Conditions the term “Residency Program” shall refer to the course of graduate medical education in which Resident trains for practice in a medical specialty in accordance with the standards of the Accreditation Council of Graduate Medical Education (“ACGME”) and includes both residency and fellowship programs. For purposes of these Standard Terms & Conditions, the term “Resident” includes all WCH trainees (residents and fellows) who are participating in an ACGME-accredited training program.

The Residency Program is a collaboration between WCH and the University of Cincinnati College Of Medicine (“College”). The academic components of the Residency Program are developed and supervised by the College, which is solely responsible for determining whether a resident has satisfactorily completed the academic requirements of the Residency Program.

Whenever a provision of these Standard Terms & Conditions requires that a Resident notify or contact the Residency Program, this obligation must be satisfied by providing written notice to the Residency Training Program and/or to the UC Health Office of Graduate Medical Education, 3188 Bellevue Avenue, Suite 1320 Cincinnati, Ohio 45219-0796. It is the Resident’s responsibility to provide any written notice by the designated deadline and to verify that the Residency Training Program and/or Office of Graduate Medical Education received the written notice.

Section 1. TERMS OF APPOINTMENT

Appointment to the Residency Program is contingent upon Resident providing to WCH all required credentialing documentation, including but not limited to, that identified in Exhibit A. All required credentialing documentation must be submitted prior to the “Commencement Date” set forth in the GME Contract. Resident understands that WCH may immediately terminate the GME Contract if Resident fails to submit all required documentation. In addition, Resident must submit evidence that he or she:

- (i) has registered with Employee Health and Safety;
- (ii) has received the required immunizations prior to the Commencement Date in full compliance with the Residency Program’s and WCH’s policies and all applicable federal, state and local laws and regulations;
- (iii) has submitted to the required pre-employment drug screening program;
- (iv) complies with institutional respiratory fit testing requirements;

- (v) agrees to participate in any drug and/or alcohol testing required for participation at any facility to which Resident is assigned as part of the training program. If Resident refuses to submit to any drug and/or alcohol testing Resident shall be dismissed from the Residency Program. Failing any drug and/or alcohol screening or testing is also grounds for termination from the Residency Program; and,
- (vi) has cleared all criminal background checks required for participation at WCH or any other facility to which Resident is assigned as part of the Residency Program.

Resident must be in sufficient physical and mental condition to safely perform the essential functions of appointment with or without reasonable accommodations.

Resident agrees that they may be assigned to WCH or to another hospital or training site and agrees further that such assignment is in furtherance of the medical education purposes of the Residency Program. Resident agrees that they must meet any mandatory credentialing requirements for any such participating sites including but not limited to the Cincinnati Veterans Affairs Medical Center and Cincinnati Children's Hospital Medical Center.

Resident acknowledges that nothing in the GME Contract or these Standard Terms & Conditions shall be deemed to make Resident a public employee or an employee of the University of Cincinnati (the "University") or to any other site to which resident rotates as part of the training program.

Section 2. DUTIES OF RESIDENT

2.1 **Specific Duties:** In addition to the general duties of Resident set forth in these Standard Terms & Conditions, Resident shall have the following specific obligations:

2.1.1 **Professional Attitude:** Resident shall use their best efforts to provide safe, effective and compassionate patient care and will present a courteous and respectful attitude toward all patients, colleagues, employees, and visitors at WCH and other facilities and rotation sites to which Resident is assigned.

2.1.2 **Professional Standards:** Resident shall comply with all applicable legal and ethical standards relating to the practice of medicine, including:

- (i.) all laws and regulations dealing with government programs and private insurance or prepaid health plans;
- (ii.) all applicable rules, regulations, bylaws, policies and procedures established by the Residency Program, College, WCH, UC Health, WCH's medical staff, or any hospital, medical staff of a hospital or other facility at which Resident is assigned in connection with the Residency Program;
- (iii.) all standards required to maintain accreditation by The Joint Commission, ACGME, the ACGME Review Committees ("RC") and any other relevant accreditation organizations.

2.1.3 **Licenses:** Resident agrees to obtain a regular license or training certificate to practice medicine in the State of Ohio and maintain such license throughout the course of training. Once a Resident applies for a regular license, their training certificate is no longer valid, and they are responsible for maintaining the regular

license. Failure to either obtain or maintain a training certificate or license to practice medicine in the State of Ohio could result in immediate dismissal from the program with no right of review or appeal.

- 2.1.4 Quality Assurance and Corporate Compliance: Resident shall cooperate and comply with any and all quality assurance, corporate compliance and related programs implemented by the Residency Program, College, WCH, WCH's medical staff, or any hospital, medical staff of a hospital or other facility at which Resident practices medicine in connection with the Residency Program.
- 2.1.5 Reporting Requirements: Resident shall report immediately
- A. to the UC Health Office of Risk Management any inquiry by any private or government attorney or investigator. Resident agrees to refer any inquiring attorney or investigator to the Office of Risk Management. If Resident receives, or anyone with whom Resident works or resides receives on their behalf, any summons, complaint, subpoena, or court paper of any kind relating to activities in connection with the GME Contract or the Residency Program, Resident agrees to immediately report this receipt to the Office of Risk Management and submit the document received to that office. Resident agrees to cooperate fully with WCH Administration, the Office of Risk Management, the University, all attorneys retained by UC Health, WCH or the University, and all investigators, committees, and departments of UC Health, WCH, or the University, particularly in connection with the following:
 - (i) any evaluation of patient care;
 - (ii) any review of any incident or claim; or
 - (iii) any preparation for litigation, whether or not Resident is a named party to the litigation.
 - B. to the UC Health Office of Media Relations any inquiry by a member of the press.
- 2.1.6 Notice: Resident shall immediately notify the Residency Program of
- C. any notice or other information that relates to or may affect in any way Resident's license to practice medicine in Ohio or any other state in which Resident is licensed;
 - C. any notice or other information regarding any notice, information, decision or action that relates to or may affect in any way a Drug Enforcement Administration Registration number under which the Resident practices; or
 - C. any information which Resident has reason to believe may lead to: (1) a claim against the professional liability insurance maintained by WCH on Resident's behalf; or (2) termination, modification or suspension of Resident's license to practice medicine in Ohio or any other state in which Resident is licensed.
- 2.1.7 Educational Activities: Resident shall participate fully in the educational and scholarly activities of the Residency Program, including the performance of

scholarly and research activities, as assigned by the Residency Program Director. Resident shall attend the required educational conferences as delineated by the Residency Program. Resident shall assume responsibility for teaching and supervising other residents and students as assigned. Resident shall participate in assigned WCH, medical staff and Residency Program activities.

- 2.1.8 Reports and Records: Resident shall prepare and maintain, or cause to be prepared and maintained, all reports, claims, correspondence and records relating to all professional services rendered under the GME Contract. Resident further agrees to properly prepare and maintain, or cause to be properly prepared and maintained, all records and reports required by all applicable federal and state statutes and regulations and policies adopted by WCH. Resident agrees that the Residency Program or an independent third-party auditor shall be permitted to inspect any such records and reports. The Residency Program shall pay all reasonable administrative costs incurred in preparing and maintaining all such reports and records.
- 2.1.9 Program Administration: Resident shall fully cooperate with WCH and College in coordinating and completing WCH, ACGME and RC accreditation submissions and activities, including timely completion of patient medical records, charts, reports, time cards, statistical operative and procedure logs, faculty and Residency Program evaluations, and/or other documentation required by WCH, ACGME, other accreditors, College or the Residency Program.
- 2.1.10 Fitness: Subsequent to the Commencement Date, Resident shall submit to periodic (post-appointment) health examinations and supplementary tests, which may include tests for drug use or abuse and/or alcohol use or abuse, as are deemed necessary by WCH to ensure that Resident is physically, mentally, and emotionally capable of performing essential duties and/or other duties necessary to the operation of the Residency Program. Resident agrees to comply with WCH's requirements concerning Resident's health status during the term of the GME Contract, as these requirements may be changed by WCH from time to time.
- 2.1.11 Compliance with Requirements: Resident agrees to continue to meet WCH's standards for immunizations in the same manner as all WCH personnel and as required by federal, state and local law and WCH policy. The results of all examinations and immunizations shall be provided to the UC Health Employee Health and Wellness. Resident agrees to continue to fulfill the requirement for annual respiratory fit testing and other such requirements as specified by the Residency Program and WCH.
- 2.1.12 Resident agrees to cooperate fully with WCH Administration including, but not limited to, the Departments of Nursing, Professional Services, Financial Services, Social Services, the Home Health Agency and other agencies in connection with the evaluation of appropriate discharge and post-hospital care for WCH patients.
- 2.1.13 Return of Materials: At the time of the expiration of or in the event of termination of the GME Contract, Resident shall:

- (i) return all WCH, College and Residency Program property and property that belongs to any institution to which resident was assigned as part of the training program, including but not limited to badges, books, equipment, keys, pagers, paper, and uniforms;
- (ii) complete all necessary records; and,
- (iii) settle all professional and financial obligations.

2.1.14 Compliance with Policies Prohibiting Sexual and Other Forms of Harassment: UC Health, WCH and College are committed to maintaining a work and educational environment free from sexual and other forms of discrimination or harassment . including discrimination or harassment on the basis of age, ancestry, color, disability, genetic information, military status (including veteran status), national origin, parental status (including status as a nursing mother and status as a foster parent), pregnancy, race, religion, sexual orientation, or any other status protected by law. Conduct or behavior that creates an intimidating, hostile or offensive work environment is strictly prohibited. Any person violating this prohibition will be subject to corrective and/or disciplinary measures up to and including immediate discharge. Resident shall comply fully with the applicable policies of UC Health, WCH and College that prohibit discrimination, harassment and similar inappropriate conduct and other policies that apply to the Residency Program. Applicable policies are available on the websites of the respective entities or through the Office of Graduate Medical Education. Any accusations against Resident regarding these matters will be processed in accordance with WCH's policies. Any accusations against any other individual will be processed in accordance with the policies of such person's employer and, as applicable, the policies governing the facility or site at which the alleged misconduct occurs.

2.1.15 Compliance with Dress Code: Resident shall comply with the dress code identified by the Residency Program and WCH and the dress code of each training site to which Resident is assigned as part of the Residency Program. Resident shall present at all times a proper and professional appearance.

2.1.16 Outside Activities (Moonlighting): Resident acknowledges that Resident owes their primary duty and responsibility to the Residency Program. Professional and patient care activities that are external to the educational program are called moonlighting. This includes additional paid supervised shifts as a Resident within UC Health facilities (referred to herein as "internal moonlighting"), as well as moonlighting outside of UC Health facilities (referred to herein "as external moonlighting").

No Resident can be required to engage in moonlighting activities.

Resident, if completing the Residency Program in J-1 status sponsored by ECFMG (Intealth), acknowledges the following:

- (i) As of September 2025, Resident may engage in supplemental clinical activities *only* at their primary training site (i.e., Resident may only engage in internal moonlighting); Resident may not engage in external moonlighting.

- (ii) The details of any internal moonlighting must:
- a. Comply with all applicable requirements, including institutional policies, ACGME duty hour limitations, and the goals of graduate medical education;
 - b. Receive prior written approval from the Program Director (PD); and
 - c. Be documented and submitted to ECFMG (Intealth) by the Training Program Liaison (TPL) prior to Resident commencing any internal moonlighting.
- (iii) Additional details can be found in the UC Health GME Moonlighting Policy.

Resident recognizes that certain Residency Programs may prohibit or otherwise restrict moonlighting by residents, at the sole discretion of the Residency Program.

Resident acknowledges that approval of the Program Director is required prior to any moonlighting. Resident acknowledges that all moonlighting activities must be in compliance with Program and ACGME work hour rules and regulations.

Resident, while engaged in external moonlighting, is not covered by the professional liability insurance supplied by WCH under the GME Contract.

Resident agrees to comply with the written moonlighting policies of UC Health, WCH and College. The GME moonlighting policy is available on the UC Health GME Central SharePoint site or through the Office of Graduate Medical Education. Resident understands that WCH may immediately terminate the GME Contract if Resident fails to comply with any applicable moonlighting policies of ACGME, Office of Graduate Medical Education, UC Health, WCH and College.

- 2.1.17 Work Hour Reporting: Resident agrees to record and report all work hours in compliance with program, institutional and ACGME requirements. Resident agrees to comply with the written policies on work hours of the ACGME, UC Health, WCH and College.
- 2.1.18 Nondiscrimination: In performing under the GME Contract, Resident shall not discriminate based on race, sex, color, age, religion, national origin, ancestry, sexual orientation, disability, health status, genetic information, source of payment or ability to pay for services rendered, or any other status protected by applicable law.
- 2.1.19 Inventions: Resident agrees to comply with the applicable patent, copyright and development policies of UC Health, WCH and College and will report all inventions developed using University or UC Health resources to the Dean of the College, and, if requested by the College, assign such invention to the University or UC Health, as applicable, and execute all documents, including patent applications and related papers, as may be necessary to transfer and secure to the University or UC Health, as applicable, the rights to such invention and to any patent issued or to be issued thereon.

2.1.20 Communication:

- (i) Email is an official communication mechanism used by the Residency Program to relay information to residents; therefore, residents must regularly check the email account (@ucmail.uc.edu) assigned to them and designated for communication by the GME office (not a personal email account) to assure they are receiving all communications. Resident must follow the rules and regulations governing email usage that are established by the University of Cincinnati including but not limited to encryption and forwarding.
- (ii) Resident must provide the Residency Program with their current mailing address. If Resident moves, he or she must promptly provide the Residency Program with their updated mailing address.

2.1.21 Failure to Comply: Failure to comply with any of the provisions of this Section 2 shall constitute grounds for disciplinary action, including Resident's suspension or dismissal from the Residency Program.

Section 3. INSTITUTIONAL RESPONSIBILITIES

3.1 Training Program: The Residency Program shall use its best efforts, within available resources, to provide an educational training program that meets the ACGME's accreditation standards.

The Residency Program shall provide Resident with supervision consistent with ACGME, Program and institution standards for all educational and clinical activities.

3.2 Schedule: The Residency Program shall schedule work hours for Resident in accordance and compliance with ACGME standards and the requirements of the Residency Program. If a scheduled work assignment is believed to be inconsistent with ACGME work hours standards, these Standard Terms & Conditions, or the UC Health, WCH or College work hours policy, Resident shall bring the alleged inconsistency first to the attention of the Residency Program Director for reconciliation or cure. If the Residency Program Director does not reconcile or cure the alleged inconsistency, it shall be the obligation of Resident to notify the institution's Designated Institutional Official ("DIO") who shall take the necessary steps to reconcile or cure any actual inconsistency. The decision of the DIO will be final.

3.3 Compensation: WCH shall provide Resident the compensation specified in Exhibit B. Such compensation shall be payable during the term hereof in accordance with the standard payroll practices and procedures of UC Health as are in effect from time to time. UC Health shall deduct from any payments made by UC Health to Resident any and all federal, state, local and FICA taxes or other taxes and assessments required by law to be paid, deducted or withheld by UC Health, as well as any deductions authorized by the Resident.

3.4 Benefits: WCH shall provide Resident the benefits specified in Exhibit B. Benefits are subject to change at the sole discretion of WCH.

Stipend and benefits will be prorated for any resident who has less than a full one-year contract.

- 3.5 Professional Liability Insurance: UC Health shall provide professional liability insurance (through a commercial carrier or self-insurance fund) insuring Resident against claims, actions, causes of action, costs and expenses (including costs of legal defense) relating to or arising out of the performance of services under the GME Contract on an occurrence basis, or with appropriate tail coverage. Resident shall cooperate fully with the insurance carrier or fund administrator both during and following Resident's appointment to the Residency Program.

Resident shall retain responsibility for professional liability insurance coverage for all medical and other services rendered by Resident in private practice or otherwise outside the scope of the GME Contract, including any external moonlighting activities.

- 3.6 Use of WCH Facilities: WCH/Residency Program shall provide access to adequate library resources, personnel, patient and information support services, equipment and supplies reasonably required by Resident to satisfactorily perform Resident's duties hereunder and as appropriate to the training program. Resident covenants and agrees that no such facilities will be used for the benefit of Resident's private practice or other business in which Resident may be engaged.

- 3.7 Evaluation:

A. Summative Evaluation:

The Residency Program shall provide a final summative evaluation of each resident upon completion of the Residency Program. This evaluation will become part of the Resident's permanent record.

B. Formative Evaluation:

The Residency Program shall provide each resident with documented semiannual evaluation of performance with feedback.

C. Milestones:

The Residency Program shall prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to the ACGME.

- 3.8 Certificate: The Residency Program's certification of completion of training is conditional on (a) the recommendation and signature of the Residency Program Director, (b) final clearance that Resident has complied with Section 2.1.13 (Return of Materials) of these Standard Terms & Conditions, (c) signature of the Resident on their summative evaluation, and (d) documentation that Resident has completed all requirements of the Residency Program. The Residency Program will issue to Resident a Certificate only if Resident successfully completes all of the requirements of the Residency Program. At the discretion of the DIO, a letter of participation may be issued if the Resident has completed some, but not all, of the Residency Program requirements.

- 3.9 Recommendations for Board Certification Status: The Residency Program Director, or the Residency Program Director's designee, has sole discretion to determine whether a

Resident has satisfactorily met the requirements to take a Board examination for specialty certification. This determination is not subject to any appeal process.

- 3.10 Participation Credit: At the conclusion of a Resident’s appointment, either by termination or completion of the training program, the Residency Program Director shall determine whether to extend credit to Resident for participation in the Residency Program. It is recognized that specialty certification boards establish their own rules and regulations for the determination of credit towards board eligibility and certification for Board eligibility is independent of the decision of the Residency Program to grant credit for participation in the program.
- 3.11 Restrictive Covenants: In compliance with ACGME requirements, Resident cannot be required to sign a non-competition guarantee as a condition of participation in the Residency Program.
- 3.12 Counseling Services: Counseling services are available to Residents through the UC Health Employee Assistance Program. In addition, residents may utilize their health insurance coverage to access mental health care under the terms and conditions of their health care insurance provider.
- 3.13 Accommodation for Disabilities: WCH complies with laws, rules and regulations relating to accommodations for disabilities including but not limited to the Americans with Disabilities Act. UC Health’s Equal Employment Opportunity Policy is accessible on the UC Health website or through the Office of Graduate Medical Education.
- 3.14 General Grievance Procedure: Resident may submit a complaint or grievance related to any conduct that threatens a positive learning environment or otherwise relates to the Residency Program, faculty, Residents, attending physicians, nurses, other staff, or program leadership. The learning environment includes all physical spaces and time spent learning (such as conferences, rounding), working clinically (such as clinic, wards, procedural/operating areas, workrooms), the overall atmosphere of a training environment (such as culture, assessment, remediation), and additional activities of a training program (such as recruitment).

Examples of conduct that impacts a positive learning environment include, but are not limited to:

- Using obscenities or profanity
- Using inappropriate or degrading names or terms (such as those based on race, culture, gender, religion)
- Using threatening, obscene or other inappropriate gestures, cartoons, or jokes
- Taunting, mocking, or humiliating conduct through acts or words
- Acting in retaliation against any trainee who reports perceived inappropriate treatment (such as telling others that learner is a “snitch”)
- Physical attacks, threats, or intimidation (including as covered by UC Health Violence, Disruptive Behavior, and Harassment in the Workplace policy)
- Bullying or sexual or other harassment (including as covered by UC Health Violence, Disruptive Behavior, and Harassment in the Workplace policy)
- Other violations of UC Health, College, or Program or UC Health policies.

Notwithstanding any other provision in this section 3.14, issues relating to Academic Improvement or Misconduct of a Resident must be addressed under the provisions of Section 4 of these Standard Terms & Conditions.

A. Submitting a Complaint or Grievance:

- Submit a report to the University’s Office of Equal Opportunity or to the WCH HR Manager for any and all allegations of discrimination or harassment, including sex-based discrimination (including sexual assault, dating violence, domestic violence, and stalking), discrimination or harassment on the basis of age, ancestry, color, disability, genetic information, military status (including veteran status), national origin, parental status (including status as a nursing mother and status as a foster parent), pregnancy, race, religion, sexual orientation, or any other status protected by law. Upon receipt of a report of discrimination or harassment, WCH HR and the University’s Office of Equal Opportunity will work together to determine the appropriate jurisdiction for further action.
- Complaints or grievances involving allegations other than discrimination or harassment can be made via the following mechanisms:
 - Verbal or written reports to:
 - A program coordinator
 - A chief resident
 - A program director
 - A department chair
 - A member of the GME learning environment committee
 - A member of the Office of Graduate Medical Education
 - The DIO
 - WCH Senior Director of Human Resources (HR) or WCH HR Manager
 - Email to DIO via link on MedHub (report is anonymous by default)
 - Midas report (electronic reporting system found on the UC Health landing page)
 - The Compliance Help Line at 1-866-585-8030 (option for anonymous reporting through this process)

B. Complaint or Grievance Review:

All complaints, grievances, or reports received will be processed in accordance with the procedures set forth in the applicable University or UC Health policy. In order to assess, investigate, and/or oversee the potential resolution of any complaint, grievance, or report covered by this Section 3.14, Resident understands and agrees that information and documentation related to any such complaint or report, including but not limited to the report, written complaint, evidence, email communications, investigative reports, witness interviews, and hearing records and transcripts, may be shared between the University and UC Health officials, as appropriate.

Complaints, grievances, or reports that do not appropriately fall under the jurisdiction of another University or UC Health policy will be reviewed by the Residency Program

Director for resolution. If the Residency Program Director does not resolve the complaint or grievance to the satisfaction of Resident within 14 days of receipt of the written complaint or grievance, Resident may submit the written complaint or grievance to the DIO for resolution. If the complaint or grievance is against the Program Director, the complaint will be reviewed by the DIO. The decision of the DIO regarding the grievance or complaint will be final. If the complaint or grievance is against the DIO, the complaint will be reviewed by the WCH Chief Clinical Officer (“CCO”) or the CCO’s designee for resolution. The decision of the WCH CCO or CCO’s designee regarding the complaint or grievance will be final.

C. No Retaliation:

To the extent permitted by applicable law and consistent with operational needs and a thorough review, inquiries will be conducted with due regard for confidentiality, but Resident understands that confidentiality may not be possible. Under no circumstance may anyone retaliate against, interfere with, or discourage anyone from participating in good faith in an inquiry conducted under this section. Anyone who believes that they may have been retaliated against in violation of this policy should immediately report it to their Residency Program Director, the Office of Graduate Medical Education, HR, and/or UC’s Office of Equal Opportunity (if applicable).

- 3.15 Physician Impairment: UC Health, WCH, College and Resident recognize the importance of preventing resident impairment through education, recognizing impairment when it exists, and, when circumstances warrant and permit, addressing impairment through counseling, treatment and rehabilitation of affected residents. Residents are encouraged to voluntarily seek assistance with any substance abuse issues or concerns before it becomes a misconduct and disciplinary issue. All residents must remain in compliance with and follow the UC Health Drug Free Workplace Policy and applicable law. The policy is accessible on the UC Health website or through the Office of Graduate Medical Education. Resident must remain at all times physically, mentally and emotionally capable of performing essential duties and/or other duties necessary to the operation of the Residency Program. Residents must also comply with the UC Health GME Impaired Resident/Fellow Physician Policy, including those provisions regarding the display of signs of impairment. This Policy is available on the UC Health GME Central SharePoint. If Resident needs the assistance of counseling or support services, Resident may utilize UC Health’s Employee Assistance Program and/or mental health and substance abuse services that might be available through Resident’s health insurance plan. Resident may have access to the services of the Ohio Physicians Health Program (“OhioPHP”). The OhioPHP is a confidential resource for physicians and other healthcare professionals that assists with identification, intervention, referral, monitoring, and recovery documentation of physicians and other healthcare professionals who may be affected by substance abuse disorders or other issues impacting their health and well-being. OhioPHP provides recovery documentation, education, support, and advocacy, from evaluations, through treatment and recovery.

Resident recognizes that as a licensee of the State Medical Board of Ohio they are governed by Ohio Medical Board rules and regulations regarding impairment. Resident recognizes that they may be required to self-report or the institution may be required to report any impairment to the Ohio State Medical Board.

Matters involving diversion of controlled substances and any other violation or possible violation of a criminal statute may also be reported to the appropriate law enforcement or regulatory agency.

Section 4. ACADEMIC DEFICIENCIES AND MISCONDUCT PROCEDURES

The following procedures apply to Residents. The due process rights and procedures described in Section 4.1 apply to actions to address academic deficiencies. The procedures described in Section 4.2 apply to actions to address misconduct. When addressing complaints or concerns of unprofessional behavior, which may or may not also include issues relating to misconduct and/or academic deficiencies, the DIO shall, in its sole discretion, determine whether to proceed under section 4.1, 4.2 or simultaneously under both sections. Residents are not entitled to the due process and appellate rights applicable to physician members of the medical staff as described in the WCH's Medical Staff Bylaws or any other due process or appellate rights established by WCH, College or any facility where Resident receives training as part of the Residency Program. All written communications required of or permitted by Resident under this Section 4 must be signed, dated, and submitted by the Resident.

4.1 Academic Improvement Process: This Section 4.1 describes the process that is utilized if Resident is not meeting the academic expectations of the Residency Program. As stated in section 4 above, this section 4.1 may also be used to process complaints or concerns of unprofessional behavior.

4.1.1 Academic Deficiency

If Resident is identified as having a deficiency or if Resident has not shown satisfactory improvement through the Program's formative feedback or the formal evaluation process, the Residency Program may elect to issue a "Letter of Deficiency". This letter will provide Resident with notice of the deficiency and recommended steps that should be taken to cure the deficiency. Letters of Deficiency must be signed by the Residency Program Director. (Unless otherwise specified, the use of "Residency Program Director" in this Section 4 includes the Director or their designee). The Residency Program Director will provide Resident with feedback consistent with the Letter of Deficiency.

A Letter of Deficiency is deemed to be an educational tool and not a disciplinary action. As such, a Letter of Deficiency is not a Reportable Action, such that the issuance of a Letter of Deficiency does not trigger an automatic report to any outside agencies. However, the fact that a Letter of Deficiency was issued will be disclosed in response to direct inquiries from licensing agencies or other entities that request information for credentialing or employment purposes as required. A Letter of Deficiency is not subject to the review processes outlined in 4.1.4 and 4.1.5 or any other review or appeal process.

The Residency Program is not required to issue a Letter of Deficiency before initiating an adverse action including, but not limited to, suspension, non-promotion, non-renewal, and dismissal from the Program.

4.1.2 Failure to Cure the Deficiency: If the Residency Program determines that Resident has failed to satisfactorily cure a deficiency, fails to satisfactorily progress in the program, and/or fails to perform at an acceptable level, the Residency Program may take action, which may include, but is not limited to, one or more of the following steps:

A. Issue a Letter of Deficiency to Resident;

B. Extend the terms and conditions of a current Letter of Deficiency;

C. Suspend the Resident from the Residency Program.

1. The decision as to whether the suspension is with or without pay is at the discretion of the DIO;

D. Elect not to promote Resident to the next PGY level;

E. Require that Resident repeat a rotation or rotations;

F. Deny credit for a rotation that in turn extends the required period of training;

G. Decide not to renew the Resident's contract; and,

H. Dismiss Resident from the Residency Program; or,

I. Take other actions deemed appropriate by the Program Director or DIO.

* Decisions regarding promotion or dismissal are encouraged to be considered prior to February of the year of promotion, thereby providing the Resident ample opportunity to find a new program prior to the start of the next academic year and the Program flexibility to start planning accordingly.

4.1.3 Actions that can be appealed: Suspension, non-renewal, non-promotion, and dismissal from the Residency Program are actions that are subject to the appeal process outlined in sections 4.1.4 and 4.1.5 of this document ("Appeal"). No other actions are subject to the appeal process.

4.1.4 Request for Appeal: A request for an Appeal of an adverse action related to an academic deficiency listed in section 4.1.3 may be requested by Resident. Resident must submit a written request for Appeal to the Office of Graduate Medical Education within fourteen (14) calendar days (excluding holidays) of the date of issuance of the communication informing Resident of the adverse action. Upon receipt of a written request for Appeal, the DIO will first determine if the matter is subject to the Appeal process as set forth herein. If the matter is subject to Appeal, the DIO (or their designee) will appoint an Appeal Panel consisting of three neutral faculty members of the College to conduct a review of the adverse decision.

The Appeal Panel may, at its discretion:

- A. Review the notification provided to Resident concerning the Reportable Action;
- B. Review Resident's file;
- C. Meet with Resident;
- D. Meet with the Program Director;
- E. Review the basis of the Residency Program's decision to take an adverse action;
- F. Consider information presented in writing by Resident; or
- G. Determine whether the process outlined in this Section 4.1 was followed.

The Review Panel may review other information, consult with others, or take other actions, all at its sole discretion, to assist in the decision-making process.

Upon the conclusion of the review, the Appeal Panel will provide a written recommendation concerning the disposition of the adverse decision to the DIO.

- 4.1.5 Final Review and Decision: The DIO may at their sole discretion request or obtain any additional information that they deem necessary. The DIO may accept, reject, or modify the Appeal Panel's written recommendation.

The decision of the DIO will constitute a final and binding decision. Upon conclusion of the final review, a copy of the DIO's decision will be provided to the Resident and the Residency Program Director and placed in Resident's permanent file.

4.2 Misconduct Process:

- 4.2.1 Allegations of Misconduct: This Section 4.2 describes the process that is used to address complaints or concerns of misconduct by Resident. Misconduct includes, without limitation, improper behavior, negligent or intentional wrongdoing, and violations of law or any applicable standards of practice or policy of the Residency Program, College, UC Health, WCH or any hospital or facility where Resident receives training as part of the Residency Program. As stated in section 4 above, complaints or concerns of unprofessional behavior may also be processed under this section 4.2.
- 4.2.2 If the Residency Program Director receives a complaint regarding possible misconduct of a Resident, or becomes aware of any facts which may indicate a Resident has engaged in misconduct, the Residency Program Director will promptly advise the DIO of the allegations. The DIO will determine whether

other offices, such as the Office of General Counsel, the Department Chairperson, the Office of Research Compliance and Regulatory Affairs, UC Health's Department of Human Resources, or other authorities should be contacted. The DIO, in consultation with the Program Director, will determine whether further inquiry is warranted.

The DIO may, at any time the DIO deems appropriate in the DIO's sole discretion, remove Resident from work (with or without pay) pending the outcome of the inquiry.

4.2.3 If it is determined that further inquiry is warranted, the DIO will determine how and by whom the inquiry will be conducted. An inquiry may be conducted by way of an internal investigation by a neutral physician, member of Human Resources or other person or office designated by the DIO. When deemed appropriate, a complaint may be turned over to outside authorities or other third parties for investigation. Other methods of inquiry may also be used. Depending on the circumstances, an internal investigation or other inquiry may include, but is not limited to:

A. A review of relevant documents and materials;

B. Interviewing of witnesses as deemed appropriate by the investigator or other person conducting the inquiry; and

C. One or more meetings with Resident to allow Resident to present any matters he or she would like considered.

If a person is appointed to conduct an internal inquiry, he or she will prepare and deliver a written report of the inquiry to the DIO summarizing the findings of the inquiry. Depending on the circumstances, outside authorities and third parties who conduct an investigation will also be asked to provide such a written report.

The DIO, upon receiving the report of the investigation or other results or findings, will determine whether or not it is more likely than not that misconduct has occurred. The DIO reserves the right to pursue further investigation at their sole discretion.

4.2.4 The DIO shall determine the final action to be taken with respect to any allegation of misconduct under this Section 4.2 and will notify the Residency Program Director and Resident of their decision in writing. A copy of the written final action will be placed in Resident's permanent file. Information that an investigation occurred will become part of the Resident's permanent record and will be disclosed, upon request, including without limitation, to future employers, privileging entities including hospitals, licensing bodies, specialty boards, other entities as required by applicable law, or as otherwise deemed appropriate.

A. If the DIO determines in DIO's sole discretion that it is more likely than not that no misconduct occurred, no action will be taken against Resident. If

Resident was suspended pending the inquiry, Resident will be reinstated with full benefits and pay, minus any adjustments for delays that the DIO determines to be the result of actions by the Resident. Depending on the length of the suspension the Resident's training program may need to be extended to fulfill accreditation requirements and/or time required to lead to eligibility for board certification.

- B. If the DIO determines in DIO's sole discretion that it is more likely than not that the Resident participated in misconduct, a final action on the matter may include, but is not limited to, the following:
1. A verbal or written warning, which in some instances could include a Letter of Deficiency;.
 2. Election not to promote Resident to the next PGY level;
 3. Non-renewal of GME contract;
 4. Suspension of Resident from the Residency Program;
 5. Dismissal of Resident from the Residency Program; or,
 6. Other action deemed appropriate by the DIO

The decision of the DIO is final and is not subject to any appeal.

- 4.2.5 No Retaliation: To the extent permitted by applicable law and consistent with operational needs and a thorough review, inquiries will be conducted with due regard for confidentiality, but Resident understands that confidentiality may not be possible. Under no circumstances may anyone retaliate against, interfere with, or discourage anyone from participating in good faith in an inquiry conducted under this Section 4. Anyone who believes that they may have been retaliated against in violation of this policy should immediately report it to their Residency Program Director and/or the Office of Graduate Medical Education.

Section 5. REAPPOINTMENT

- 5.1 Reappointment: Neither the GME Contract nor Resident's appointment hereunder constitutes a benefit, promise, or other commitment that Resident will be appointed for a period beyond the termination date of the GME Contract. Reappointment and/or promotion to the next level of training is at the sole discretion of the Residency Program and is expressly contingent upon several factors, including:
- (i) satisfactory completion of all training components;
 - (ii) the availability of a position;
 - (iii) satisfactory performance evaluations;
 - (iv) full compliance with the terms of the GME Contract;
 - (v) the continuation of WCH's and Residency Program's accreditation by the ACGME;
 - (vi) WCH's financial ability; and
 - (vii) furtherance of the Residency Program's objectives.
- 5.2 Contract Renewal (reappointment): The Office of Graduate Medical Education will provide Resident with a written notice when Resident's GME Contract will not be

renewed, when the Resident will not be promoted, or when the Resident will be dismissed.

All efforts should be made to determine promotion by February prior to the end of the academic year in June. Early notifications allow additional time for the resident and program to make necessary accommodations for the promotion adjustment.

- 5.3 Non-Reappointment Based on Institutional Factors: If WCH intends to reduce the size of the Residency Program or to close the Residency Program to which Resident is assigned (collectively, “Institutional Factors”), the Residency Program will inform the affected residents as soon as possible. In the event of such a reduction or closure, the Residency Program will make reasonable efforts to allow residents already in the Residency Program to complete their education or will make reasonable efforts to assist them in enrolling in another ACGME accredited program in which they can continue their education.

When non-reappointment is based on Institutional Factors, such non-reappointment when made by the Residency Program shall be final and not subject to further appeal or review. Such non-reappointment is not a reportable action.

Section 6. RECORDS AND PATIENT FILES

Resident acknowledges that all records and patient files relating to patients seen by Resident at WCH or other rotation sites, belong to and are the property of WCH or such rotation site. Upon the termination of the GME Contract, Resident shall have no claim or right to access WCH’s or other rotation site’s books, records, accounts, case histories and reports, patient lists, patient charts, files, memoranda, accounts receivable, WCH’s or other rotation site’s assets or records, except:

- (i) the records of a patient of WCH or other rotation site who specifically requests in writing addressed to WCH or other rotation site that their records be provided to Resident;
- (ii) the medical records of patients with whom Resident worked while appointed to the Residency Program where WCH at its reasonable discretion determines that release of such records is for legitimate purposes and is in accordance with applicable law; and
- (iii) at reasonable times, to assist in an audit, investigation or peer review matter by the Medicare or Medicaid programs. At all times, including after the termination of the GME Contract, Resident agrees to assist WCH with information needed to assist in a private insurer, Medicare or Medicaid audit or investigation or peer review matter.

Section 7. COVENANTS OF RESIDENT

- 7.1 Confidential Information: Resident recognizes and acknowledges that certain information Resident may obtain while rendering services hereunder is of a confidential nature and that confidentiality is of critical importance to WCH or other rotation sites. Resident shall at all times hold in strictest confidence any and all confidential information within Resident's knowledge or possession concerning the patients, services, business

operations, suppliers, clients, financial dealings and other matters relative to the day-to-day operations of UC Health, WCH or any rotation site which has not been published or disseminated outside of WCH or other rotation site (or the possession of their respective employees and advisors) or which has not otherwise become a matter of general public knowledge, and all information required by law and principles of medical ethics to be kept confidential. Notwithstanding anything in the GME Contract to the contrary, this Section 7.1 shall survive the expiration or earlier termination of the GME Contract. Resident shall also keep confidential all other information or data reasonably identified at the time by UC Health, WCH or any rotation site to Resident as being confidential. At all times, Resident agrees to be bound by the terms and conditions of all applicable laws relating to patient confidentiality, including but not limited to the Health Insurance Portability and Accountability Act (“HIPAA”).

- 7.2 Injunctive Relief and Other Relief: Resident acknowledges that UC Health and WCH will be irreparably damaged and will have no adequate remedy at law for any actual or threatened breach or violation of the GME Contract and that, in addition to any other rights and remedies they may have, UC Health and/or WCH, during and after the termination of the GME Contract (with respect to provisions which survive termination), are entitled to restraining orders and injunctive relief without having to post a bond or to prove damages, prohibiting any actual or threatened breach or violation of the GME Contract.

Section 8. MISCELLANEOUS

- 8.1 Legal Compliance: If any activities contemplated in the GME Contract are deemed by WCH or College to be in violation of any laws, procedures, rules, regulations, or policies of the State of Ohio or a Federal government agency, including but not limited to, the Department of Health and Human Services and the Internal Revenue Service (collectively “Laws”), (i) the GME Contract shall be amended so as to comply with the Laws, or (ii) if no such amendment is practicable, WCH may terminate the GME Contract upon thirty (30) days written notice to Resident.
- 8.2 Binding Effect: The GME Contract shall be binding upon and shall inure to the benefit of the parties hereto and their successors and permitted assigns.
- 8.3 Waiver of Breach: Any waiver of any breach of the provisions of the GME Contract shall not be construed to be a continuing waiver or consent to any subsequent breach on the part of either party to the GME Contract.
- 8.4 Severability: If any provision of the GME Contract is held to be unenforceable for any reason, the remainder of the GME Contract shall, nevertheless, remain in full force and effect.
- 8.5 Governing Law: The GME Contract shall be governed by and construed in accordance with the laws of the State of Ohio, without regard to its rules as to conflicts of laws.
- 8.6 Merger: The GME Contract, including these Standard Terms & Conditions, which are incorporated by reference in the GME Contract, constitutes the entire understanding of

the parties and supersedes all prior or contemporaneous agreements, discussions, or representations, oral or written, with respect to the subject matter hereof. No modification of the GME Contract shall be valid, except if written and approved by all parties.

EXHIBIT A

Minimum Documentation Required for Certification of Eligibility (Additional Information May Be Required)

A completed residency application.

Graduates of U.S. medical schools must provide an official medical school transcript impressed with the medical school seal and an original medical school diploma.

Graduates of international medical schools, both U.S. citizens and foreign nationals, must have current and valid Educational Commission for Foreign Medical Graduates (“ECFMG”) certification. WCH accepts documentation of valid ECFMG certification as primary source verification of medical school graduation for international medical graduates.

A Medical Student Performance Evaluation (Dean’s letter) from the medical school from which Resident graduated.

A minimum of 2 letters of reference.

Proof of employment eligibility. Applicants who are not U.S. citizens must maintain an immigration status which permits employment in a program of graduate medical education. This includes admission to the United States as an asylee, a U.S. permanent resident, or in a valid nonimmigrant visa status. A qualifying nonimmigrant visa status or Employment Authorization Document (EAD) must remain in effect during the entire period of Resident’s participation in the Residency Program. It is the Resident’s responsibility to ensure that the visa status or EAD remains valid during the entire training program. Visa or EAD expiration could result in immediate dismissal from the program with no right of review or appeal. The J-1 visa is the preferred visa. For the 2026-2027 UCHealth is not sponsoring new H-1B visas, however, will accept H-1B visa transfers from other institutions.

A permanent license to practice medicine in the State of Ohio or a training certificate granted by the State Medical Board of Ohio. A resident may participate in the training program if WCH has received a valid acknowledgment letter from the State Medical Board that Resident’s application for either a permanent license or training certificate has been received and is being processed.

All Residency Programs require documentation of a passing score on the USMLE Step 1 and Step 2 Clinical Knowledge (CK) examinations (or COMLEX Level 1 and Level 2 Cognitive Evaluation (CE) and Performance Evaluation (PE) for all residents prior to their start date.

All residents in GMEC approved programs must document evidence of successful completion, as evidenced by a passing score, of USMLE Step 3 or COMLEX Level 3 prior to the start of the postgraduate three (PGY-3) year.

A competency based summative evaluation of resident performance from any previous graduate medical education program in which a resident had been enrolled.

Such other and future information that UC Health, WCH or College may request in connection with Resident’s credentials.

Any document not printed in English must be accompanied by an acceptable original English translation performed by a qualified translator. Each translation must be accompanied by an affidavit of accuracy acceptable to WCH.

It is Resident's responsibility to make sure that all necessary documents including those regarding licensure, proof of employment eligibility and ECFMG certification are current and valid at all times. Failure to do so will result in immediate termination from the Residency Program.

EXHIBIT B

University of Cincinnati Medical Center Compensation & Benefits for Residents

Eligibility for Benefits:

For the purposes of this document, the term “Resident” refers to all trainees (both those called residents and those called clinical fellows) in Graduate Medical Education programs that have been approved for sponsorship at WCH.

Residents enrolled full-time in the residency program are entitled to a full stipend and benefits. Residents employed at 0.5 FTE or greater are eligible for a pro-rated stipend and benefits. Less than 0.5 FTE residents are not eligible for benefits. WCH and UC Health reserve the right to change the benefit package at any time at their sole discretion.

Section 1: Compensation

I. Stipend (effective June 21, 2026)

The following stipends apply to Residents employed by UC Health.

PGY 1	\$ 70,185	PGY 6	\$ 83,103
PGY 2	\$ 72,499	PGY 7	\$ 86,831
PGY 3	\$ 74,706	PGY 8	\$ 88,181
PGY 4	\$ 76,934	PGY 9	\$ 89,295
PGY 5	\$ 80,126	PGY10	\$ 90,366

II. Mobile Device Reimbursement

All Residents are eligible for reimbursement for the purchase of a mobile device up to \$325. **This policy applies to Residents who are paid by WCH only.** Please see Mobile Device Reimbursement Guidelines in MedHub for more details.

All receipts for purchases must be turned into the Office of Graduate Medical Education in order to be reimbursed. Name and Employee Identification Number must be on the receipt. If turning in an invoice/order form you must include statement showing the item was paid for.

III. Discretionary Professional Development Allowances (PDA) and Scholarly Travel Reimbursement

All Residents employed by WCH are eligible to receive the following discretionary PDA per the training levels below.

PGY1	\$1500
PGY2	\$2000

PGY3-10 \$2500

Residents should refer to the Office of Graduate Medical Education PDA Policy for items and activities that are eligible for reimbursement. PDA does not roll over from one academic year to another and all receipts are due to the Office of Graduate Medical Education by May 31st of an academic year.

All Residents employed by UC Health will be eligible \$1500 once in their first three years of training and once again in their final years of training at WCH to present a scholarly product at a conference or meeting. Documentation of the product of scholarship will be due to the Office of Graduate Medical Education at the time the travel authorization request is placed. UC Health reserves the right to approve or deny scholarly reimbursement requests. Residents may use their discretionary PDA to also fund or supplement travel.

Section 2: Insurance

Unless specified otherwise, coverage effective date for all benefits will be resident's date of hire, as determined by the Office of Graduate Medical Education provided resident completes the on-line benefit enrollment process within 30-days of resident's date of hire, and submits to UC Health Benefits Department all required dependent verification documents within 30-days of date of hire.

Premiums and benefit plan designs are subject to change January of each calendar year or as otherwise stated in the applicable plan documents and/or insurance policies. Additional information on the following benefits is available through UC Health Benefits Department. Unless otherwise noted, all benefits are elective benefits and Resident must enroll in a benefit plan to obtain coverage.

Resident must report and submit documentation for a life event such as a birth or adoption, change in marital status or gain or loss of other coverage on ONE TOUCH within 30 days of the event.

- I. Health Insurance. Shared contribution (UC Health/Employee) with employee only, double, and family coverage available.
- II. Dental Insurance. Shared contribution (UC Health/Employee) with employee only, double, and family coverage available. Two plan options; dental and dental with adult and child orthodontia.
- III. Vision Insurance. Employee paid, with employee only, double, and family coverage available.
- IV. Flexible Spending Accounts (FSA). Employee paid. Two separate pre-tax payroll deduction accounts; Health Care FSA and Dependent Care FSA. Health Care FSA is used for reimbursement of qualifying out-of-pocket health care expenses. Dependent Care FSA is used for reimbursement of qualifying dependent day care expenses.

- V. Short Term Disability. Provided and paid for by UC Health. Enrollment for coverage is not required. Benefit is available after the first 90 days of employment.
- VI. Long Term Disability Insurance. Provided and paid for by UC Health. Enrollment for coverage is not required and becomes effective 1st of the month following date of hire.
- VII. Life Insurance and Accidental Death & Dismemberment Insurance Options. Details about life insurance and AD&D insurance coverage options including Summary Plan Descriptions are available through the UC Health Benefits Department.
- VIII. Professional Liability Insurance. UC Health provides Residents with professional liability insurance coverage for activities within the scope of the assigned program at the same levels as those required for medical staff physicians. Such professional liability insurance will be of the occurrence type.

In connection with the professional liability coverage provided by UC Health, Resident agrees to cooperate fully in any investigations, discovery and defense that arise. Resident's failure to cooperate may result in exclusion of coverage.

The professional liability insurance will provide coverage for all activities that are part of the training program, and at all sites to which Resident is assigned as part of the training program.

Resident is not covered by the professional liability insurance provided by UC Health while Resident is engaged in independent practice (i.e., not under the supervision of an attending physician at UC Health) or otherwise outside the scope of the GME Contract, including moonlighting activities.

Section 3: 401(k) Retirement Plan

- I. Employees are automatically enrolled in the UC Health 401(k) plan at a 4% deferral contribution amount. Annually, each January, UC Health automatically increases participant's deferral 2% up to a total of 10% of pay. Resident has the option to opt out of the 401(k) program or increase or decrease deferral election at any time. First deferral contribution will be deducted from Resident's second paycheck. Residents are eligible for the UC Health match of 3.5% if you contribute 6% of your pay. You are 100% vested in the match after two years of continuous vesting service (1000 or more paid hours in a calendar year). You are automatically vested if you die, become disabled or retire at age 65.

Section 4: Leave

- I. Vacation and Sick Time

Total paid time off (PTO) of 25 days (equivalent of 5 weeks) to be credited each year on Commencement Date. The 25 days are pro-rated for a resident who works at least 0.5 FTE but less than 1.0 FTE. A maximum of twenty days can be utilized as vacation days; five days are credited for use as sick time. Notwithstanding the foregoing, some

Residency Programs do not entitle Residents to twenty days of vacation, in accordance with the approval of the Graduate Medical Education Committee, as noted in the GME Contract, as applicable.

- A. Vacation is to be taken at the mutual convenience of the Resident and the Program Director. The standard vacation increment is a two-week block. This may vary from program to program. Increments less than one week will be approved only under exceptional circumstances.
- B. For vacation purposes, five days includes Monday through Friday and contiguous weekend days preceding and following the five-day block.
- C. All vacation days must be approved in advance by the Program Director.
- D. Resident may not receive pay in lieu of vacation.
- E. Unused days may not be carried over from year to year.

II. Leave of Absence (including Maternity/Paternity Leave)

Leaves of absence shall be granted pursuant to UC Health policy and applicable law. The FMLA provides an eligible Resident with up to 12 weeks of unpaid job protected leave for the serious health condition of the resident, birth or adoption of a child, to care for a seriously ill family member, and for qualifying exigent circumstances relating to military service. The FMLA provides up to 26 weeks of leave to provide qualifying care to a military service member. FMLA leaves and any other form of approved leave shall run concurrently unless expressly stated otherwise.

Per the UC Health Paid Leave Policy for Residents and Fellows, Residents will be paid the equivalent of 100 percent of their salary during the six weeks of Paid Leave. Accrued PTO exceeding 10 days must be used as part of the Paid Leave. Short-term disability benefits, and other paid leave benefits, may also be applied toward the Paid Leave pursuant to the terms of the applicable benefit plan. It will be up to the discretion of UC Health to determine all applicable pay types to ensure that the Resident and Fellows are paid at 100% for all applicable, approved Paid Leaves, not to exceed a total of 6 weeks throughout their tenure in the Residency Program. More details can be found in the UC Health Paid Leave Policy for Residents and Fellows.

Residents may be eligible to receive 4 weeks of UC Health Paid Parental Leave (PPL) in addition to the paid leave noted above in order to care for and bond with a new child from birth, adoption or foster placement. Residents are eligible to receive UC Health PPL once in every rolling calendar year. More details can be found in the UC Health PPL Policy.

It is the Residents responsibility to provide timely and adequate notice of the need for leave and to complete and submit all required forms to both the Office of Graduate Medical Education and Employee Health (if applicable). Generally, at least 30 days'

advance notice is required where possible and, when not possible, notice is to be given within one business day of the Resident learning of the need for leave. See the UC Health Paid Leave Policy for Residents and Fellows, UCH PPL Policy, and associated frequently asked questions document for additional details and requirements.

III. Leave of Absence Without Pay

A leave of absence for exceptional personal circumstances may be granted by the Program Director only with approval of the DIO for Graduate Medical Education and is not to exceed 12 months. All PTO will be paid before leave without pay begins.

IV. Bereavement Leave

Up to three to five consecutive days are granted with pay for the funeral of a family member (as defined by UC Health Bereavement Leave policy).

V. Military Leave

Offered in compliance with federal law.

VI. Specialty Board & Licensure Examination Leave

Residents will be permitted to take paid leave for first time documented sitting for American Board of Medical Specialties approved specialty boards or USMLE licensing examinations provided advance and proper notice is provided to the Program Director. Such leave shall cover the duration of the exam for in town sittings and residents shall not be subject to in-house call the night before the exam. For out-of-town sittings, leave shall cover the duration of the exam and reasonable travel time.

VII. Effects of Leave

If the Residency Program Director, exercising their discretion, determines that any leave may affect a resident's ability to satisfy criteria for completion of the program, the ACGME's "Special Requirements", or any other requirements of the Board certifying the discipline or area of training, the Residency Program Director may require the resident to devote additional time for completion of the requirements.

Section 5: Miscellaneous

I. Parking

Resident parking is provided at no additional cost in the North Garage. Residents must comply with all UC Health policies with respect to parking or parking privileges may be revoked.

II. Work Hours/Transportation When Fatigued

Trainees are encouraged to report any and all possible Work Hour violations or signs of

fatigue/impairment to the Residency Program Director, Office of Graduate Medical Education, or Safety Hotline at 513-584-2109. Messages can be left anonymously, but must include details so that action can be taken. All reported cases will be reviewed by the Learning Environment Sub-Committee of the Graduate Medical Education Committee and/or DIO.

If a resident is too fatigued to drive home safely following a shift they are able to call for transportation via Uber[®], Lyft[®], or another transportation company of choice as detailed in the Office of GME Transportation to Home when Fatigued Standard Operating Procedure. Residents will be reimbursed for travel to home and for their return to the hospital for their next shift or to retrieve their vehicle.

III. On-Call and Fatigue Mitigation Facilities

WCH maintains call rooms that are available for residents with prolonged work hours, such as those requiring an overnight stay, and for utilization to alleviate excess fatigue.

IV. Counseling and Support Services

Counseling and referral services are available through the UC Health Employee Assistance Program for residents and members of their household experiencing personal, family, or work-related difficulties. The telephone number for access is 513-585-6100. Emergent care is available at the Psychiatric Emergency Service at 513-584-8577.

V. THRIVE Wellness Program

The THRIVE Wellness Program is a comprehensive and holistic well-being program that is offered to all UC Health Employees and their dependents. Please check out THRIVE under the Link on SharePoint at UC Health (<https://www.uchealth.com/en/employees#item-3-263760929>) for information and updates. Residents are eligible to earn points toward prizes and/or reducing their medical insurance premiums.

VI. Employee Health and Safety

24-hour reporting hotline for work-related illness/injury; help with workers' compensation and disability claims. The telephone number for injury/needle-stick hotline is 513-585-8000.

VII. Direct Deposit

Direct deposit of paycheck is required; maximum 4 accounts.

VIII. Payslips

Residents may view and print pay stubs online via the One Touch portal. Residents may opt-in to enroll to electronically view/receive W-2 information via One Touch.

IX. Financial Counseling

Access to financial planning/counseling is available through UBS Financial Services and is paid for by UC Health. Residents must sign up for an appointment through UC Health Human Resources.

X. MetLife Auto/Home Insurance

Discounted rates on auto and home/rental insurance. Premiums paid through payroll deductions.

XI. Smoking Cessation

Free smoking cessation programs are offered by UC Health. Contact the UC Health Benefits Department at 513-585-6947.

XII. Critical Illness Insurance

Plan offers a lump sum payment if diagnosed with any listed condition under the policy. Insurance premiums are paid through payroll deductions.

XIII. Accident Insurance

Plan offers a lump sum payment for over 150 covered medical services and treatments. Insurance premiums are paid through payroll deductions.

XIV. Legal Insurance

Plan provides legal services through MetLife Legal.

***WCH/UC Health Compensation & Benefits for Residents
July 1, 2026 – June 30, 2027***