

GRADUATE MEDICAL EDUCATION
RESIDENCY CONTRACT
2008

This residency contract (“**Contract**”) is entered into this ____ day of ____ and between Regions Hospital, a Minnesota nonprofit corporation located at 640 Jackson Street, St. Paul, Minnesota 55101, (“**Hospital**”) through its ____ Residency Program, and ____, residing at ____ (the “**Resident**”), and sets forth the terms and conditions of Resident’s appointment by the Hospital as a member of Hospital’s ____ staff (“**Staff**”) assigned to the department(s) of ____ [the “**Department(s)**”].

In consideration of the mutual promises contained herein and intending to be legally bound, Hospital and the Resident each agree as follows:

ARTICLE 1
Purpose

- 1.1 The primary purpose of the appointment of the Resident to the Staff is the Resident’s successful completion of the graduate medical education training program identified below. During the time period in which the Resident is undergoing graduate medical education training at the Hospital, he/she shall have the status of student.
- 1.2 All residency programs governed by this Contract are structured to (i) comply with all requirements of the relevant accrediting organization; Accreditation Council for Graduate Medical Education (“**ACGME**”) or the Council on Podiatric Medical Education (“**CPME**”); and (ii) provide the components specified in Schedule 1.2, attached hereto and incorporated herein by this reference.

ARTICLE 2
Terms of Appointment

- 2.1 Commencement Date. Commencing on ____ (the “**Commencement Date**”) the Resident shall be appointed as a trainee at the ____ post graduate year level in the Hospital’s graduate medical education residency training program in ____ (the “**Program**”), and shall have a program training level of ____.
- 2.2 Term. This Contract shall be effective beginning on the Commencement Date and shall remain in effect for a period of twelve (12) months, expiring on _____. Although the parties hereto anticipate that the Resident’s appointment pursuant to this Contract will continue for the full twelve (12) month term, this Contract may be terminated by the Hospital at any point in time for the grounds specified herein. This Contract may be renewed on an annual basis upon the mutual agreement of the Resident and the Hospital.

2.3 Condition Precedents.

2.3.1 The Resident must provide information and documentation specified in Schedule 2.3.1, attached hereto and incorporated herein to the Hospital to be accepted in the Program.

2.3.2 In addition to the requirements specified in this Section 2.3, to be accepted into the Program the Resident must have passed an examination as described in Section 2.3.2.a or 2.3.2.b below:

a. The Resident must have passed a comprehensive examination for initial licensure prepared and graded by the National Board of Medical Examiners (“**NBME**”), the Federation of State Medical Boards (“**FSMB**”), the Medical Council of Canada (“**MCC**”), or the appropriate state board that the Board of Medical Practice in the state of Minnesota (the “**Board**”) determines acceptable with passing scores as determined by the Board; or

b. The Resident taking the United States Medical Licensing Examination (“**USMLE**”) must have passed steps one, two and three. Step three of the USMLE must be passed within five (5) years of passing step 2, or before the end of the Resident’s Program. The Resident taking combinations of FSMB, NBME, and USMLE may be accepted into the Program only if the combination is approved by the Board as comparable to existing comparable examination sequences and all examinations are completed prior to the year 2000.

2.4 Health Status Assessment. After all of the condition precedents in Section 2.3.1 and 2.3.2 (as applicable) have been satisfied and the Resident has been extended a conditional offer of appointment to the Staff, the Resident must submit evidence that he/she has submitted to a pre-appointment physical examination and received the required immunizations prior to the commencement date in accordance with Hospital *Employment Requirements for New Employees* policy, Hospital *Procedure For Health Screenings of New Employees* policy, and all applicable local, state and federal regulations.

2.5 Visa Status. All Residents who are international medical school graduates shall be solely responsible for maintaining U.S. citizenship, permanent resident status, or a valid J-1 visa [including, a current and valid ECFMG Certificate of Eligibility (Form IAP 66)] at all times during the term of this Agreement. Upon request of the Hospital the Resident shall provide proof of the foregoing to the Hospital [e.g., birth certificate, passport, naturalization papers, valid visa, valid ECFMG Certificate of Eligibility (Form IAP 66), etc.].

ARTICLE 3 ***Resident’s Responsibilities***

In providing services and in participating in the activities of the Program, the Resident agrees to do the following:

3.1 To abide by, adhere to, established practices, rules and regulations, procedures, and policies (collectively the “**Policies**”) of the Hospital, Programs, Departments, and other institutions to which the Resident is assigned. The Policies referenced in this Contract apply to all graduate medical education training programs accredited by the ACGME and the CPME sponsored by the HealthPartners Institute for Medical Education (“**IME**”). The Graduate Medical Education (“**GME**”) Resident Handbook contains all IME policies and clinical hospital department descriptions and select Hospital policies. The GME Resident Handbook can be found on the HealthPartners website at <http://imehealthpartners.com> [Departments➔Center for Undergraduate and Graduate Clinical Education➔Residency Programs➔Resources: Policies]. The Regions Hospital policies can be accessed through the HealthPartners Employee Resource & Information Center (ERIC)

[Quick Links➡Human Resources (RH&RHCS)➡Go!➡For Regions Employees•Policies]. The Resident acknowledges that from time to time, one or more IME or Hospital policies may be amended, and that the Resident should consult the website addresses specified above to obtain the most current version of the IME and Hospital policies. By signing this Contract, the Resident acknowledges having received, read, and understood the foregoing Policies and provisions.

- 3.2 Abide by and adhere to all applicable local, state and federal laws, as well as the standards required to maintain accreditation by The Joint Commission (“**JC**”), ACGME/CPME, and any other relevant accrediting, certifying, or licensing organizations.
- 3.3 Participate fully in the educational and scholarly activities of the Program, including the performance of scholarly and research activities as assigned by the Residency Program Director (“**Program Director**”) and/or as necessary for the completion of applicable graduation requirements. Attend all educational conferences as appropriate, assume responsibility for teaching and supervising other residents and students, participate in assigned Hospital and Medical Staff committee activities, and participate in Hospital orientation and education programs and other activities involving the clinical staff.
- 3.4 Fulfill the educational requirements of the Program.
- 3.5 Use his/her best efforts to provide care that is safe, timely, effective, efficient, equitable, and patient-centered. Present at all times a courteous and respectful attitude toward all patients, colleagues, employees and visitors at the Hospital and other facilities and rotation sites to which the Resident is assigned.
- 3.6 Provide clinical services (i) commensurate with his/her level of advancement and responsibilities, (ii) under appropriate supervision, (iii) at sites specifically approved by the Program, and (iv) under circumstances and at locations covered by the Hospital's Professional Liability Insurance maintained for the Resident in accordance with Section 6.4.1 below.
- 3.7 Develop and follow a personal program of self-study and professional growth under guidance of the Program's teaching faculty.
- 3.8 Develop an understanding of ethical, socioeconomic and medical/legal issues that affect the practice of medicine and graduate medical education training.
- 3.9 Fully cooperate with the Program and the Hospital in coordinating and completing Residency Review Committee (“**RRC**”) and ACGME/CPME accreditation submissions and activities, including accurate and timely completion of documentation in the Hospital's electronic medical records system, time cards, statistical operative and procedure logs, faculty and Program evaluations, and other documentation required by RRC, ACGME/CPME, the Hospital, Department(s), and Program.
- 3.10 Apply cost-containment measures in the provision of patient care consistent with the Policies of the Hospital, Department(s), and Program.
- 3.11 Subsequent to the Commencement Date, submit to periodic (post-appointment) health examinations and supplementary tests, which may include tests for drug use and alcohol abuse, as are deemed necessary by the Hospital to ensure that the Resident is physically, mentally, and emotionally capable of performing essential duties and are otherwise necessary to the operation of the Hospital. In addition, the Resident agrees to continue to meet the Hospital's and State of Minnesota's standards for immunizations in the same manner as all Hospital personnel. The result of all examinations shall be provided to the Hospital's Employee Health Service. The same requirements concerning the Resident's health status that applied at the time of the Resident's

initial appointment shall apply thereafter and shall constitute a continuing condition of this Contract and the Resident's appointment to the Staff unless the Hospital changes these requirements subsequent to the Commencement Date through written notice to the Resident.

- 3.12 Upon the expiration or termination of this Contract, return all Hospital property, including, but not limited to, books, equipment, pager, and uniforms to the Central GME Office, and complete all necessary records, and settle all professional and financial obligations.
- 3.13 Cooperate fully with all Hospital, Department(s), and Program surveys, reviews, and quality assurance and credentialing activities.
- 3.14 Report immediately to the Hospital's Department of Risk Management (i) any inquiry by any private or government attorney or investigator or (ii) any inquiry by any member of the media. The Resident agrees not to communicate with any member of the media except merely to refer the media to the Hospital's Chief Executive Officer.
- 3.15 Cooperate fully with the Hospital administration, including, but not limited to, the Central GME Office, the Department of Nursing, Financial Services, and Social Services in connection with the evaluation of appropriate discharge and post-discharge care for Hospital patients.
- 3.16 Abide by and adhere to the Hospital's corporate compliance program and the *Regions Hospital Code of Ethics* policy (No. 50:01:28).
- 3.17 Cooperate fully with the IME *Sexual and General Harassment* policy (IME-11) prohibiting discrimination and sexual harassment.
- 3.18 Present at all times a proper and professional appearance.
- 3.19 Permit the Hospital to obtain from and provide to all proper parties any and all information as required or authorized by law or accrediting organization, and the Resident covenants not to sue the Hospital its directors, officers, employees, agents, successors and assigns, for doing so. This covenant shall survive the termination or expiration of this Contract.
- 3.20 Accept the duties, responsibilities and rotations assigned by the Program Director, or his/her designee, and conduct himself/herself ethically and professionally in keeping with his/her position as a Resident.
- 3.21 Satisfy the qualifications for resident eligibility outlined in either the Essentials of Accredited Residencies in Graduate Medical Education in the AMA Graduate Medical Education Directory governed by the ACMGE, or the CPME.
- 3.22 The Resident's failure to comply with any of the provisions of this Article 3 shall constitute grounds for disciplinary action, up to and including the Resident's suspension or termination from the Staff, at the Hospital's sole discretion.

ARTICLE 4 ***Hospital Responsibilities***

The Hospital shall have the following obligations:

- 4.1 To provide faculty planning and supervision of the Program, and provide the Resident with appropriate and adequate faculty and Medical Staff supervision for all educational and clinical activities.

- 4.2 To perform administrative and educational functions for the benefit of the Resident, including, arranging for the payment of stipends, maintaining certain Resident records, administering the procedures related to the discipline of the Residents, and providing mechanisms for the coordination of programs among the affiliated hospitals and the various clinical services.
- 4.3 To provide a stipend and benefits to the Resident as outlined in Article 6 below.
- 4.4 To use its best efforts, within available resources, to provide an educational training program that meets ACGME/CPME accreditation standards.
- 4.5 To use its best efforts, within available resources, to provide the Resident with adequate and appropriate support staff and facilities in accordance with applicable local, state, federal and ACGME/CPME requirements.
- 4.6 To orient the Resident to the facilities, philosophies, and Policies of the Hospital, and institutional and Program requirements of the ACGME/CPME and the pertinent RRC.
- 4.7 To maintain an environment conducive to the health and well being of the Resident.
- 4.8 To provide the Resident with (i) reasonable meals in accordance with the policy set forth in the GME Resident Handbook, (ii) adequate sleeping quarters (commonly known as “**Call Rooms**”) for Residents on duty in the Hospital, (iii) patient and information support services, (iv) security, (v) parking, and (vi) lab coats and laundry services in accordance with the Hospital laundry service policy.
- 4.9 To provide a fair and consistent method for review of the Resident’s concerns and/or grievances without the fear of reprisal.
- 4.10 Upon satisfactory completion of the Program, the Program’s requirements, and the Resident’s responsibilities specified herein, furnish the Resident with a Certificate of Completion of the Program.
- 4.11 If a Resident has a grievance [as defined in the IME *Grievance Resolution* policy (IME-12)], he/she should attempt to resolve the grievance with those directly involved. If the grievance occurs during a specific shift on a patient unit, the Resident shall seek assistance/advice toward resolving the conflict from the Resident in charge. If the Resident in charge is unable to resolve the grievance, the attending physician on the team should be consulted. If the grievance is not resolved by the Resident in charge or the grievance is not associated with a particular incident on a patient unit, the Resident should report the problem to the Chief Resident. If the grievance has not been resolved, or the service has no Chief Resident, the Resident should report the grievance to the Program Director. If the grievance is not resolved within the Resident’s Program, it may be reported to the Executive Director of IME. If there is any conflict between the provisions of this Section and the provisions of the IME *Grievance Resolution* policy, the provisions of the policy shall govern.

ARTICLE 5

Duty Hours

- 5.1 Hours. The Resident shall perform his/her duties under this Contract during such hours as the Program Director may direct in accordance with the IME *Duty Hours* policy (IME-6). Although subject to modification and variation depending upon the clinical area to which the Resident is assigned and/or exigent circumstances, duty hours shall comply with state, federal, and ACGME/CPME requirements.

- 5.2 Call/Shift Schedules. The schedules of call, shift and assignments shall be made available to and reviewed by the Resident. Changes to these schedules shall be available in the Program Director's office.
- 5.3 If a scheduled duty assignment is inconsistent with this Contract or the IME *Duty Hours* policy (IME-6), the Resident shall bring that inconsistency to the attention of the Program Director for reconciliation or resolution. If the Program Director does not reconcile or resolve the inconsistency, it shall be the obligation of the Resident to notify the Director of GME who shall take the necessary steps to reconcile or resolve the inconsistency.
- 5.4 Outside Professional Activities. The Resident recognizes that graduate medical education is a full-time endeavor and, therefore, agrees to abide by the limitations on professional activities outside the Program as established by the Program Director.
- 5.5 Moonlighting. The Resident shall abide by and adhere to the IME *Moonlighting* policy (IME-8).

ARTICLE 6

Financial Support and Benefits

- 6.1 Stipend. \$_____ per annum. This shall be the Resident's sole source of compensation for the services performed under this Contract. The Resident shall not accept from any other source a fee of any kind for services provided to patients under this Contract.
- 6.2 Leave Policy. The IME *Resident/Fellow Leave* policy (IME-7) shall govern the Resident's leave of absence, including, sick leave, maternity leave, paternity leave, adoption leave, sick child care leave, vacation, and other excused leaves of absence.
- 6.3 Effect of Leaves of Absence. The Resident expressly acknowledges that additional training after a leave of absence may be needed for the successful completion of the Program requirements and/or Board certification requirements. The amount of leave or disability time that will necessitate prolongation of the training time for the Resident shall be determined by the Program Director and the requirements of the pertinent RRC and/or certifying Board.
- 6.4 Professional Liability, Health, and Disability Insurance.
- 6.4.1 Professional Liability Insurance. The Hospital shall maintain professional liability insurance coverage, providing coverage for all occurrences regardless of when claim is filed, through its self-insurance program covering the services provided by the Resident under this Contract while the Resident is acting within the scope of his/her assigned Program activities. In connection with such insurance provided by the Hospital:
- 6.4.1.1 The Resident agrees to cooperate fully in any investigation, discovery, and defense that arises.
- 6.4.1.2 If the Resident receives, or anyone with whom the Resident works or resides receives on his/her behalf, any summons, complaint, subpoena or court paper of any kind relating to activities in connection with this Contract or the Resident's activities at the Hospital, the Resident agrees to immediately report this receipt and submit the document to the Hospital's Department of Risk Management (952-883-7186; Mail Stop: 21114A).
- 6.4.1.3 The Resident agrees to cooperate fully with Hospital administration, the Hospital's Department of Risk Management, all attorneys retained by that office, and all investigators, committees, and departments of the Hospital (including, but, not limited to, the Central GME Office, Patient Services, Risk

Management, Quality Assurance, and Human Resources, particularly in connection with the (i) evaluation of patient care, (ii) review of an incident or claim, and/or (iii) preparation for litigation, whether or not the Resident is named a party to that litigation.

- 6.4.2 Health Insurance. The Hospital shall provide the Resident with health insurance during the term of this Contract. A description of the health insurance benefit is found in the document entitled "**Resident Physician Benefits**," a copy of which shall be provided to the Resident prior to the start of the Program. The most current Resident Physician Benefits document can be found on the HealthPartners website at <http://imehealthpartners.com> [Departments►Center for Undergraduate and Graduate Clinical Education►Residency Programs►Resources: Benefits and Stipends].
- 6.4.3 Disability Insurance. The Hospital shall provide the Resident with long-term disability insurance during the term of this Contract. In addition, the Hospital shall offer the Resident the option of obtaining short-term disability insurance, at the Resident's sole expense. A description of the long-term and short-term disability benefits is found in the Resident Physician Benefits document.
- 6.5 Confidential Support Services. The Hospital shall facilitate the Resident's access to appropriate and confidential counseling, medical support services, and psychological support services.
- 6.6 Physician Impairment and Substance Abuse. The IME *Impaired Resident/Fellow* policy (IME-10) governs resident physician impairment, including impairment related to substance abuse.
- 6.7 Discontinuation of Benefits. The Hospital reserves the right to modify or discontinue the plan of benefits set forth in the Resident Physician Benefits document at any time but any such change may be made on a prospective basis only.

ARTICLE 7 ***Reappointment***

- 7.1 Reappointment/Promotion. Reappointment and/or promotion of the Resident to the next level of training is contingent upon several factors, including, but not limited to, (i) satisfactory completion of all training components, (ii) the availability of a position, (iii) satisfactory performance evaluations, (iv) full compliance with the terms of this Contract, (v) the continuation of the Hospital's and Program's ACGME/CPME accreditation, (vi) the Hospital's financial ability, and (vii) furtherance of the Hospital's objectives. The IME *Resident Reappointment, Promotion and Program Completion* policy (IME-4), shall govern the reappointment and promotion of the Resident.
- 7.2 No Option to Renew. Neither this Contract nor the Resident's appointment hereunder constitute an option to renew or extend the Resident's appointment by the Hospital or a benefit, promise or other commitment that the Resident will be appointed to the Staff for a period beyond the expiration or termination of this Contract.
- 7.3 Notice of Non-Reappointment. In the event the Hospital elects not to reappoint the Resident to the Program and this Contract is not renewed, the Hospital shall provide to the Resident written notice of such intent not to renew no later than four (4) months prior to the end of the Resident's current contract. [Refer to IME *Non-Renewal of Contract* policy (IME-15)].
- 7.4 Non-Reappointment Based on Institutional Factors. When non-reappointment is based on the Resident's unsatisfactory performance or noncompliance with the terms of this Contract, the procedures specified in Article 8 below shall be invoked prior to any such determination being final.

- 7.5 Hospital Closure/Program Elimination/Reduction in Force. In the event that the Hospital and/or Program is eliminated, or there is a reduction in force, all Residents shall be subject to the IME *Hospital Closure/Program Elimination/Reduction in Force* policy (IME-16). When non-reappointment is based on (i) the foregoing factors or (ii) reasons other than the Resident's performance or his/her compliance with the terms of this Contract, such non-reappointment shall be final and not subject to further appeal or review, and shall not be grievable under either (i) the IME *Grievance Resolution* policy (IME-12) or (ii) the grievance procedures specified in Article 8 below.

ARTICLE 8

Evaluation of Resident Academic Performance Grounds for Discipline and Dismissal of the Resident Procedure for Discipline and Dismissal of Residents

- 8.1 Evaluation of Resident Academic Performance. The assessment of the academic performance of the Resident shall be the responsibility of the Program Director, or his/her designee, and shall be conducted in accordance with the IME *Evaluation of Residents* policy (IME-3).
- 8.2 Discipline and Dismissal of Resident for Academic Reasons. The Resident may be disciplined and/or dismissed from the Program for academic reasons and any such decision on that basis shall be final and binding; provided, however, that any discipline or dismissal of the Resident for unsatisfactory academic performance shall be subject to the procedures and the appeal process set forth in the IME *Termination/Dismissal of Residents* policy (IME-14).
- 8.3 Grounds for Discipline/Dismissal of Resident. Grounds for discipline and/or dismissal of the Resident are specified in the IME *Termination/Dismissal of Residents* policy (IME-14).
- 8.4 Pre-Discipline Procedures. Prior to the imposition of any discipline, including, but not limited to, written warnings, probation, suspension or termination from the Program, the Resident may avail him/herself of the procedures listed under "Informal Hearing" in the IME *Fair Hearing Process* policy (IME-13).
- 8.5 Fair Hearing Procedures. After the imposition of any discipline, the Resident may avail him/herself of the Fair Hearing procedures listed under "Formal Hearing" in the IME *Fair Hearing Process* policy (IME-13).

ARTICLE 9

Miscellaneous Provisions

- 9.1 Access to Records. The Resident agrees to make available for a period of four (4) years following completion of the term of this Contract, upon request of the Secretary of Health and Human Services of the United States or of the United States Comptroller General or any of their authorized agents, all books, documents and records necessary to certify the nature and extent of the cost of the services rendered pursuant to this Contract as required by federal statute or duly promulgated regulations.
- 9.2 Non-Discrimination. The Program shall not discriminate against or harass any applicant for the Program or Resident because of race, color, creed, religion, national origin, sex, sexual or affectional orientation, disability, age, marital status, or status with regard to public assistance. The IME *Sexual and General Harassment* policy (IME-11) governs these matters.
- 9.3 Governing Law. This Contract shall be governed by the laws of the State of Minnesota, without regard to its conflict of interest rules.

- 9.4 Severability. The provisions of this Contract shall be considered as severable, so that the invalidity or unenforceability of any provisions will not affect the validity or enforceability of the remaining provisions; provided that no such severability shall be effective if it materially changes the economic benefit of this Contract to either party.
- 9.5 Counterparts. This Contract may be executed in any number of counterparts. Each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts shall together constitute but one and the same Contract.
- 9.6 Entire Contract. This Contract shall govern the relationship between the Resident and the Hospital, contains the entire agreement between parties hereto and supersedes any prior understanding or agreements, oral or written, between them respecting the subject matter. Further, this Contract shall take precedence over any other Hospital document or procedure to the extent they are inconsistent with the terms of this Contract. No changes, modifications, amendments, additions, or qualifications to the terms of this Contract shall be made or be binding on the parties hereto unless made in writing and signed by each party.

We the undersigned have read and understand the above Contract and freely enter into this Contract.

RESIDENT

By: _____

Resident

Date: _____

REGIONS HOSPITAL

By: _____

Residency Program Director

Date: _____

By: _____

President and Chief Executive Officer

Date: _____

SCHEDULE 1.2

Components of the Residency Program

- 1.2.1** Provide detailed educational goals and objectives that are utilized in the evaluation process.
- 1.2.2** Provide written evaluation procedures based upon measurable results.
- 1.2.3** Encourage periodic informal evaluations while the Resident is on a service.
- 1.2.4** Conduct formal evaluations of the Resident's progress at least every six (6) months with the findings in writing and co-signed by the Resident.
- 1.2.5** Maintain in confidence, but make available to the Resident, his/her recorded evaluations.
- 1.2.6** If the Resident is found to have an academic deficiency, counsel the Resident related to how to correct the deficiency and, if necessary, offer remedial education.
- 1.2.7** Provide for Resident representation in the policy making and evaluation process.
- 1.2.8** Have written grievance procedures for all Residents.
- 1.2.9** Specify in this Contract the Resident's status, rights, duties and privileges.
- 1.2.10** Protect the Resident, the Program, patients, and the profession by conducting evaluations that are honest and straightforward.
- 1.2.11** Treat all Residents equally so that decisions are not considered arbitrary or capricious.
- 1.2.12** Document evaluations with underlying facts and details.
- 1.2.13** In the case where deficiency could lead to dismissal, inform the Resident in writing and counsel the Resident on how to correct the deficiency if possible.
- 1.2.14** Apply fairness in the daily operation of the Program.

SCHEDULE 2.3.1

Enrollment Documentation, Information and Program Eligibility Requirements

- 2.3.1.1** A completed residency application.
- 2.3.1.2** An official medical school transcript(s) impressed with original medical school seal (unless transmitted electronically via ERAS). Official undergraduate transcripts may be an optional requirement of the Program.
- 2.3.1.3** A letter from the Dean of the medical school from which the Resident graduated; unless this requirement is otherwise waived by the Program Director, as evidenced below.
- Program Director to check the box and sign below if requirement specified in Section 3 of this Schedule is waived
- PROGRAM DIRECTOR'S
SIGNATURE _____
- 2.3.1.4** A minimum of insert either two/three additional letters of reference from the following individuals: insert positions/titles. Such letters of reference must be written in English or be accompanied by translations as specified in section **2.3.1.10** below.
- 2.3.1.5** Proof of U.S. citizenship, permanent resident status, or eligibility for valid J-1 visa (e.g., birth certificate, passport, naturalization papers, valid visa, etc.).
- 2.3.1.6** If the Resident is an international medical school graduate, a copy of current, and valid ECFMG Certificate.*
- 2.3.1.7** A valid license or residency permit to practice medicine in the state of Minnesota.**
- 2.3.1.8** A copy of the Resident's official USMLE transcript showing (a) each and every step of the USMLE that the Resident has taken, and (b) the test dates and test scores for each step of the USMLE taken by the Resident.
- 2.3.1.9** Such other and further information that the Hospital or Program may request in connection with the Resident's credentials.
- 2.3.1.10** 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 acceptable to the Hospital.

*The Resident shall provide a copy of a current and valid ECFMG Certificate of Eligibility (Form IAP 66) at the time this Contract is executed.

**The Resident must provide this information at the start of the Program, not prior to the Commencement Date.