

SAMPLE RESIDENT CONTRACT  
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE-JACKSONVILLE

August 17, 2009

«Fname» «Lname», «Title\_MD\_or\_DO»  
«Address»  
«City», «State» «Zip\_Code»

Dear Dr. «Lname»:

The College of Medicine, University of Florida (hereinafter "the University") is pleased to offer you a position as a resident or fellow at the program level «PGY\_Level» in the graduate medical education program, «Program», in the Department of «Dept».

This contract describes various aspects of the graduate medical education programs for residents and fellows at the University. Trainees in such programs (residents and fellows) are hereinafter referred to as "residents." The University reserves the right to make changes without notice in the future to any aspect of these programs.

During your residency you will be required to exhibit the qualifications and talents for the specialty to which you have been accepted for graduate medical education training. For each specialty, you must possess and demonstrate critical thinking skills, sound judgment, emotional stability and maturity, empathy for others, physical and mental stamina, and the ability to learn and function in a variety of settings. You must also be able to perform the essential functions of the specialty and meet the academic standards of the curriculum.

The University of Florida ADA Compliance Office provides direct support to individuals with disabilities through the ADA Director. UF has designated the ADA Director as the person responsible for ensuring that persons with disabilities have equal access to all programs and services. The ADA Director assists anyone with questions about access to programs and services. The primary goal for the ADA Office is to advise the UF community about issues of access and to provide direct support to anyone with questions about access to university sponsored programs and services. For more information, contact the ADA Office, 179 Newell Drive, Gainesville, FL 32611, 352-392-7056, or online at <http://www.ada.ufl.edu/index.htm>.

This contract is contingent upon the completeness and accuracy of the appointment documents prepared and submitted by you. Falsification of any of the appointment documents or failure to meet eligibility requirements constitute cause for non-appointment or termination. This contract, in conjunction with University rules, policies and procedures, governs the relationship between the University and you. This contract constitutes the entire agreement between the parties and supersedes any and all prior and contemporaneous oral or written agreements or understandings between the parties.

**Resident Responsibilities:**

The position of resident involves a combination of supervised, progressively more complex and independent patient evaluation, management functions and formal educational activities. Among a resident's responsibilities in a training program of the University are the following:

- 1) To meet the qualifications for resident eligibility outlined in the Essentials of Accredited Residencies in Graduate Medical Education in the AMA Graduate Medical Education Directory or the Specialty Guidelines of the American Dental Association's Council on Dental Accreditation;
- 2) To develop a personal program of self-study and professional growth with guidance from the teaching staff;
- 3) To provide safe, effective, and compassionate patient care, commensurate with the resident's level of advancement, responsibility, and competence, under the general supervision of appropriately privileged attending teaching staff in accordance with the specific published supervision policies of the University (as contained in the Resident Policy & Procedure Manual);
- 4) To participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students;
- 5) To participate in institutional orientation and educational programs and other activities involving the clinical staff;
- 6) To submit to the program director confidential<sup>1</sup> written evaluations of the faculty and the educational

experiences;

- 7) To participate on institutional committees and councils to which the resident is appointed or invited, especially those that relate to their education and/or patient care;
- 8) To adhere to established practices, procedures, and policies of the University and of those applicable from affiliated institutions.
- 9) Licensure: All residents are required to comply with state licensure requirements for physicians in training. Residents must hold before the start date of training either a valid unrestricted Florida medical or dental license or be registered with the Florida Board of Medicine/Board of Dentistry for a Training License or Dental Residency Permit. Failure to meet applicable eligibility requirements without delay and obtain and maintain a training license/permit or a valid unrestricted Florida license may result in one or more of the following:
  - delay or revocation of appointment
  - preclude advancement to the next program level
  - preclude continuation in the program
  - disciplinary action for non-academic deficiency

An unrestricted Florida license is not required of residents; however, should a resident obtain an unrestricted medical license in Florida, it is solely his/her responsibility to maintain active status with the Medical / Dental Board, including timely renewal and payment of all associated fees.

- 10) USMLE/COMLEX: Residents are required to take USMLE Step 3 or COMLEX Level 3 during their first year of appointment. Failure to pass will lead to the implementation of a remediation plan. Failure to pass by the end of your second year of appointment will result in non-renewal.
- 11) Confidentiality: all residents have an obligation to conduct themselves in accordance with the Confidentiality policies of the University and its primary teaching hospital, Shands Jacksonville. Failure to follow these policies may be cause for immediate dismissal.
- 12) Background Checks: Your acceptance and continued participation as a resident in the graduate medical education program is contingent upon the results of a criminal background check.
- 13) OIG/GSA Checks: Your acceptance and continued participation as a resident in the graduate medical education program is contingent upon your eligibility to participate in Medicare, Medicaid, Tricare or other Federal health care programs. A check will be performed of the U.S. Department of Health and Human Services Office of Inspector General ("OIG") list of excluded individuals and the U.S. General Service Administration ("GSA") excluded parties list system as part of your appointment process. If your name appears on the OIG or GSA excluded party lists or if you are at any time excluded from participation in Medicare, Medicaid, Tricare or other Federal health care programs or are convicted of a criminal offense related to the provision of health care items or services, your participation as a resident in the graduate medical education program may be terminated immediately.
- 14) Case Documentation: documentation of clinical experiences, cases and/or procedures is mandated by the Residency Review Committees. Residents who do not maintain accurate case documentation may not advance to the next level of training or be allowed to complete their program until compliance is achieved.
- 15) To develop competencies in:
  - Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
  - Medical knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care
  - Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
  - Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals
  - Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
  - Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value
- 16) To comply with duty hours assignments consistent with patient safety, educational requirements and personal development as outlined in departmental and institutional policies.

**Duration of Appointment and Conditions for Reappointment:** Your initial appointment will begin on «Start Date» and may continue for a period of «Years» total year(s). Your appointment will be processed by the University after you

have accepted this official letter of offer, have met the conditions stated, and completed applicable registration, licensure, and proof of the right to work in the United States as required by law. We anticipate you will remain in the prescribed course of your residency until completion. However, it is understood that appointments are renewed annually and that continued retention in the training program depends on your satisfactory performance/training progress, including your adherence to acceptable professional behavior, as well as the continuation of requisite funding for the program and the best interests of the program as determined by the Senior Associate Dean. A resident's reappointment and progression to more advanced levels will be based on the results of periodic reviews of the resident's educational and professional achievement, competence and progress as determined by the program director and teaching faculty. However, no appointment shall create any rights, interests, or expectancies of continuation beyond the term of the appointment itself. At the completion of each academic year, your performance will be reviewed and the recommendations for continuation communicated to you by the Program Director or designee. Unsatisfactory progress or performance may result in probation, non-advancement, dismissal or nonrenewal. The program maintains a confidential record of the evaluations. Residents may review their evaluations with their advisor, the program director, or University representative.

The primary site of your graduate medical training will be the University of Florida College of Medicine - Jacksonville with its major teaching hospital and affiliates, but the location of the training for any resident may occur at various additional sites. All assignments and call schedules are made at the discretion of the appropriate program director. In addition, should residency programs be closed or downsized, the University will inform the resident well in advance of such events. Every effort will be made to complete the resident's course of training or to find another site for the resident to complete training.

Residents are not automatically entitled to additional training beyond the prescribed number of years in order to achieve board eligibility in the designated specialty. Any such extension of the residency and the required funding must be approved by the Program Director and the University's College of Medicine Senior Associate Dean for Educational Affairs /Designated Institutional Official (Director of Graduate Medical Education).

#### **REGULATIONS OF THE UNIVERSITY OF FLORIDA - 6C1-5.0761 College of Medicine Resident Policies.**

- (1) The College of Medicine interns, residents and fellows consist of full-time or part time appointees in a program of graduate medical education within an academic department in the College of Medicine who have the title of resident or fellow (hereafter referred to as residents). They are also known as "house officers". These appointees are graduates of a Liaison Committee for Medical Education (LCME) or American Osteopathic Association (AOA) approved medical degree program or have a valid certificate from the educational commission for foreign medical graduates or have a full and unrestricted license to practice medicine in a US licensing jurisdiction or be a graduate of medical school outside the US who has completed a Fifth Pathway Program provided by an LCME accredited medical school and be enrolled in postdoctoral training within a selected area of specialty. Salaried residents shall be entitled to fringe benefits, and abide by leave provisions and policies governing outside employment/activity as described in their resident contracts.
- (2) The position of the resident (the term resident applies to interns, residents and fellows) presents the dual aspects of a student in post-graduate training and a participant in the delivery of patient care. A resident's continuation in the training program is dependent upon satisfactory performance as a student and the maintenance of satisfactory professional standards in the care of patients. Behavior that reflects poorly on the professional standards, ethics and collegiality are all components of a resident's academic evaluation. Disqualification of a resident as a student or as a member of the health care team disqualifies the resident from further continuation in the program. Policies and procedures for discipline, grievances, nonrenewal, and dismissal shall be as set forth in the resident contract.

Specific Authority: BOG Resolution dated January 7, 2003. History--New 5-18-92, Amended 6-28-98, 7-3-01, 3-31-06.

#### **University of Florida College of Medicine - Jacksonville Policies and Procedures for Grievances and Due Process**

- (1) **Grievances** are defined as complaints about situations affecting the program that a resident believes are arbitrary, illegal, unjust, or create unnecessary hardship. These generally involve issues of the work environment, academic program, faculty, etc., and can be addressed through the following process (with the exception that complaints of harassment are addressed under the University's Guidelines on Sex Discrimination, Sexual Harassment, and Harassment).
  - Prior to invoking the grievance procedure, the resident is strongly encouraged to discuss the situation with the person(s) alleged to have caused the grievance. Alternatively, the resident may choose to present the grievance in writing to the person(s) alleged to have caused it. The resident should also keep in mind that other individuals may be able to assist where appropriate, including but not limited to the program director, department chair, and representatives to the GMEC and Resident GMEC.

- If the resident decides not to discuss the grievance with the person(s) alleged to have caused it, or is not satisfied with the response, the resident may present the grievance to the Designated Institutional Official (DIO). The DIO will meet with the resident and review the grievance. After any necessary investigation, the decision of the DIO will be communicated to the resident in writing and will be final.

## **(2) Due Process Policy**

### 1. Definitions

#### a. Corrective actions include:

- Oral Warning
- Written Warning
- Remediation
- Probation
- Non-advancement

Corrective actions cannot be appealed.

#### b. Administrative Leave (with pay) is utilized when a resident needs to be removed from the work environment pending an investigation. This cannot be appealed, but could (depending on the results of the investigation) lead to an adverse action, which can be appealed.

#### c. Adverse actions include:

- Suspension (without pay)
- Non-renewal
- Termination

Adverse actions can be appealed.

If applicable, all corrective and adverse actions must be utilized in a manner consistent with the Resident Professionalism Code of Conduct.

### 2. Procedures

#### a. Corrective actions are implemented by the program director, generally with input from the program's education committee if one is in place. Before a final decision to impose a corrective action (other than oral or written warning) is made, the program director must meet with the resident to hear any relevant facts the resident wishes to present for consideration. If a decision is made to implement any corrective action (other than an oral warning), the program director must provide in writing the reason(s) for the corrective action and the plan for the future.

- Oral and written warnings may be utilized when a single intervention is appropriate to identify and attempt to correct a deficiency or problem behavior. Documentation of oral and written warnings is maintained in the program's resident file, with copies of written warnings sent to the Office of Educational Affairs.
- Remediation is appropriate for most cases of academic and/or clinical deficiency. A remediation plan must be provided in writing that details the deficiencies in past performance, as well as an improvement plan with expected goals and the timetable for meeting them. An initial period of remediation may or may not also include the resident being placed on probation.
- Probation is utilized when the severity or pattern of problems is such that an adverse action may be considered but the program director chooses to give the resident a defined period of time to resolve the problem(s). If a resident is placed on probation, a detailed remediation plan as above must be developed and presented to the resident. This documentation must also be submitted to the Designated Institutional Official (DIO). At the end of the pre-defined probationary period, the probation is either lifted, or an adverse action results.
- Non-advancement is utilized when the resident has not been judged to have made sufficient progress to be promoted to the next PGY level. The program director should provide the resident with written intent of non-advancement as early as possible prior to the end of the academic year, and again, must provide a detailed remediation plan. All letters of non-advancement must be approved by the DIO prior to being presented to the resident.

#### b. Administrative leave (with pay) can be implemented by the program director at any time, but should be discussed as soon as possible with the Office of Educational Affairs to ensure that appropriate procedures are followed. Note that per Medical Staff bylaws, other individuals are also authorized to remove a resident from patient care activity under certain circumstances. The program director must inform the resident of the reason for the leave in writing, and should work with the appropriate individuals (university, hospital, PRN, etc.) to ensure that an investigation is carried out in a timely manner. The program director must also inform the resident in writing of the result of the investigation and any further action to be taken.

#### c. Adverse actions should be discussed by the program director with the Office of Educational Affairs prior to implementation to allow for review of supporting documentation and of the information to be communicated to the resident. When meeting with the resident, an independent observer such as an associate program director or program assistant should be included. Template letters for communication of adverse actions must be utilized. The department chair must also be informed that an adverse action is

being implemented. Although the decision regarding which adverse action is appropriate under the given circumstances rests with the program director, attention should also be paid to the existing Resident Professionalism Code of Conduct, which may assist in applying the appropriate action.

- Suspension (without pay) is generally utilized for repeated offenses that do not immediately endanger the safety of the resident or others. The program director must meet with and notify the resident in writing by means providing for verification of receipt of the suspension, the reason for the suspension, and the length of time. Should the resident choose to appeal the suspension, the resident may institute the appeal process as outlined below.
  - Non-renewal is generally utilized when resident performance or behavior continues at an unsatisfactory level despite corrective and/or adverse action. The program director should meet with and provide the resident with written intent of non-renewal as early as possible prior to the end of the academic year. Should the resident choose to appeal the non-renewal, the resident may institute the appeal process as outlined below.
  - Termination is utilized when the program director concludes that the resident must be dismissed from the program immediately, for failure of appropriate response to corrective and/or adverse actions, offenses subject to termination as per the Resident Professionalism Code of Conduct, or for other egregious actions or omissions. The program director must meet with and notify the resident in writing by means providing for verification of receipt of the termination and the reason for the termination. Should the resident choose to appeal the termination, the resident may institute the appeal process as outlined below.
3. Appeal of adverse actions must be made by the resident in writing to the DIO within ten (10) working days of the date that the notice was issued. This appeal must include any documentation or objective evidence that the resident wishes to have considered during the appeal process. Failure to file such an appeal within ten (10) working days of the date that the notice was issued will render the adverse action final. The DIO in consultation with the Office of General Counsel may choose to review the appeal or designate an individual and/or panel to review the appeal. In either case, the available evidence should be reviewed within ten (10) working days of receipt of the appeal unless more time is needed for a reasonable and thorough review. The DIO and/or panel may choose to meet with the resident as part of the review process – the resident may have an advisor present at this meeting, but that advisor cannot participate in the discussion. Once the review is complete, the reviewing individual/panel will make a recommendation to the DIO, and a decision to either uphold, modify, or reverse the adverse action will be made by the DIO, and communicated in writing to the resident within five (5) working days of the conclusion of the review process. The decision reached by the DIO is final, and will also be communicated to the program director, department chair, and Dean of the Regional Campus.

### **Financial Support and Other Benefits**

**Stipend:** Each resident is given a stipend to pursue the resident's graduate medical education in an amount appropriate to the resident's level in the program. Stipend levels are reviewed annually by the Graduate Medical Education Committee of the College of Medicine and recommendations for changes are subject to approval by University's Dean of the College of Medicine. Stipend levels begin on July 1 of each contract year and are paid biweekly. Residents are eligible to defer up to 20 percent of income in a 403(b) plan via payroll reduction.

Living quarters, meals, laundry, and other such expenses are the resident's responsibilities. In some cases and at the discretion of the University, a meal subsidy may be issued to the resident when the resident is assigned in-house call on nights and weekends; similarly, living quarters may be provided during some rotations outside of the primary location of the program.

**Health, Life and Disability Insurance, Worker's Compensation Insurance:** Health insurance is provided to the resident and his/her family; life and disability insurance are provided to the resident. If a resident suffers a work-related injury, the resident is generally covered under the workers' compensation program of the University provided the resident complies with the requirements of the worker's compensation program.

**Confidential Counseling:** psychological support services are available through the Resident Assistance Program. The Resident Policy and Procedure Manual provides details of coverage.

**Professional Liability Coverage:** Professional Liability Coverage: As a participant in a clinical graduate medical education program of the University, a resident is an employee of the University of Florida Board of Trustees (UFBOT), the State of Florida agency that operates the University of Florida. Under Section 768.28, Florida Statutes, residents are personally immune from civil liability for any injury or damage suffered by a patient as a result of negligence occurring while residents are acting within the course and scope of their employment. The UFBOT is responsible for any civil claims or actions arising from the negligent acts of its employees and agents, including residents in University graduate medical programs.

The University of Florida J. Hillis Miller Health Center/Jacksonville Self-Insurance Program (SIP), a self-insurance program established by the Florida Board of Governors pursuant to Florida Statutes Section 1004.24, provides

professional liability protection to the UFBOT and Shands Jacksonville Medical Center, Inc. (SJMC), for incidents in which patients suffer bodily injury, personal injury, or property damage caused by the negligence of UFBOT residents.

SIP also affords residents professional liability protection when residents act in the role of a "Good Samaritan", when involved in community service work that has been pre-approved by the University, and when serving on a University educational assignment outside of Florida. In light of the benefits of immunity provided by law, residents, while performing their duties, must identify themselves at all times as UFBOT employees. Accordingly, residents must wear the University ID badge at all times while participating in the graduate medical education program.

**Institutional Leave Policy:** A comprehensive leave policy is outlined in the Resident Policy & Procedure Manual and includes uncompensated leave, compensated leave, temporary military duty, absences pertaining to education and training, and maternity/paternity leave. Subject to the approval of the program director and consistent with the guidelines of the appropriate specialty board, all residents accrue fifteen (15) days of annual leave. Residents may be permitted to carry over unused annual leave to a new year, as consistent with the academic departmental policy of the University; however, such carry-over must be approved by the program director and annual leave accrued may not exceed twenty-five (25) workdays. Unused annual leave is considered non-reimbursable. Residents taking a non-medical leave of absence from the training program are not automatically guaranteed re-entry into the training program.

A resident will accrue ten (10) days of sick leave for each full year of completed participation in the program. The resident will be entitled to utilize sick leave for death, or in special cases, serious illness in the immediate family (spouse, parents, brothers, sisters, children, grandparents, and grandchildren of both resident and spouse). The number of days of sick leave allowed per illness will be determined by the program director. There is no carry-over of unused sick leave to a new year; unused sick leave is considered non-reimbursable.

The total time allowed away from a graduate medical education program in any given year or for the duration of the graduate medical education program will be determined by the requirements of the specialty board involved. If leave time is taken beyond what is allowed by the University or the applicable specialty board, the resident is required to extend his or her period of activity in the graduate medical training program accordingly in order to fulfill the appropriate specialty board requirements for the particular discipline. The resident will be paid for makeup or extended time if funds are available at that time.

**Medical Requirements:** Prior to your appointment as a resident, you are required to complete a University pre-employment health screening questionnaire. In addition, screening of the resident for infectious diseases, prophylaxis/treatment for exposure to communicable disease, and immunizations will be provided by the University or through arrangements with other health providers. The resident will have documentation of immunity to measles, mumps, hepatitis B, rubella and varicella (chicken pox); the resident will be required to have periodic tuberculosis skin tests. The resident must comply with the infection control policies and procedures of the institutions where the resident is assigned.

**Policies Regarding Sexual or Other Forms of Harassment:** Complaints of sexual or other forms of harassment will be handled in accordance with the specific published policies of the University of Florida and the College of Medicine (as contained in the Resident Policy & Procedure Manual).

**Physician Impairment and Substance Abuse:** Effective July 1, 2006, all residents must undergo substance abuse testing as a condition of the appointment process. Your continued participation as a resident in the graduate medical education program is contingent upon your participation in and the results of the substance abuse testing conducted at the request of the University prior to or at any point during your appointment.

The University of Florida is a Drug Free Workplace. Violations can result in disciplinary action up to and including termination. A violation may also be reason for evaluation and treatment of a drug and/or alcohol disorder or referral for prosecution. In addition to any disciplinary action, residents identified as such will be referred to the Professionals Resource Network (PRN). The Florida Medical Practice Act (F.S. 458) rule calls for all licensed practitioners to report to the appropriate authority any reasonable suspicion that a practitioner is impaired to practice. The legislation provides for therapeutic intervention through the Professionals Resource Network (PRN). This organization works closely with the State Board of Medicine and is recognized as the primary method of dealing with physician impairment in the state. Faculty, staff, peers, family or other individuals who suspect that a resident is suffering from a psychological or substance abuse problem are obliged to report such problems. Reporting can be directly to the PRN or to the program director, Chairman, or Associate Dean for Educational Affairs. Residents suspected of impairment will be relieved of all patient care responsibilities. Early involvement of the PRN is essential. All referrals are confidential. If the PRN feels intervention is necessary, they handle the situation and provide for treatment and follow-up. Residents can only return to clinical duties with the approval of the PRN. Reentry into the Program is not automatic. The PRN maintains contact with the program directors about residents in the program of recovery.

The University makes available a Resident Assistance Program to its residents. The University also provides an educational program for residents regarding physician impairment, including substance abuse.

**Disclaimer or Resident Assertions; Invention and Copyright Agreement:** The resident agrees that unless approved by the University's Chair, all materials compiled or published by the resident relative to training and

experiences received at the University and its affiliated hospitals, or arising from participation in training, patient care, or research pursuant to this agreement, will clearly state that the opinions or assertions contained therein are those of the resident and not those of the University. Pursuant to the University's rules, the resident must execute the University's Invention and Copyright Agreement.

**Outside Professional Activities:** All programs have established rules regarding outside and extracurricular activities that meet their RRC requirements and University policy. A prospective, written statement of permission from the program director and University's Senior Associate Dean for Educational Affairs is required and is made part of a resident's file. Resident performance is monitored for the effect of these activities and adverse effects may lead to withdrawal of permission. Residents with either a J-1 Visa or an H1-B Visa are not permitted to engage in outside activities. There are two categories of such activity:

(1) Internal\_moonlighting is defined as professional activity that takes place at University of Florida educational affiliates, and for which there is completed agreement between the program, site, and Office of Educational Affairs (OEA) designating the activity to be performed, rate of pay, and account to be charged. A list of approved sites is attached to this policy. Program directors may propose the addition of new sites through completion of the attached site agreement. Internal moonlighting is characterized as:

- consisting of activities similar to usual resident activities within the program, including scope, level of responsibility
- appropriate lines of supervision must be designated and utilized for each activity
- covered by the resident's training license, and the UF Self-Insurance Program and Workers Compensation Program
- services not billed for by the resident
- supplemental salary income provided by the University to the resident who participates through their regular paycheck

(2) External\_moonlighting is defined as any professional activity that does not fall under the definition of internal moonlighting. External moonlighting is characterized as:

- initiated by the resident and not involving any agreement between the University and the outside employer
- requiring residents to have their own permanent license and malpractice coverage
- services billed for by the resident
- no supervision provided by University faculty
- no salary income provided by the University to the resident who participates

Residents are not required to engage in outside professional activities. The resident is referred to the moonlighting policy in the Resident Policy and Procedure Manual.

**Certificate of Completion:** A certificate of graduate medical training will be issued to a resident on the recommendation of the University's appropriate Chair and Program Director only after satisfactory completion of service and educational requirements and fulfillment of all other obligations and debts.

Incorporated herein are policies that govern University of Florida College of Medicine residents. In signing this resident contract, you agree to fully comply with all such policies and provisions and indicate your acceptance of this position. Please return one copy to the Program Director as soon as possible. We welcome you to the University of Florida College of Medicine at Jacksonville.

Sincerely,

Accepted:

\_\_\_\_\_  
«PD» Date  
Program Director

\_\_\_\_\_  
«Fname» «Lname», «Title\_MD\_or\_DO»Date  
Resident