**Please replace all yellow highlighted text (and delete all yellow highlights) with the proper text and place on USF letterhead, sign, and send the offer letter and supporting documents to the GME office for approval prior to sending to the applicant. An offer letter is not valid until signed off by the director of GME.**

**Blue highlights (PRG/FEL status and CS status) will be entered by the GME office**

**List of supporting documents to send:**

1. Three letters of reference
2. CV
3. **\*Employment Acknowledgement Form** [here](https://usf.box.com/s/d89gqs5olz4wjkujmvcu5th3ybtm56gl)
4. USMLE/COMLEX Score Reports
	1. Unofficial transcripts are accepted for the offer letter
	2. USF will need official transcripts provided directly by ERAS or USMLE prior to starting training
5. Current application
	1. The GME [application form](https://health.usf.edu/-/media/Files/Medicine/GME/forms-templates/202001Non-Match-Candidate-Application.ashx?la=en&hash=779B9E7EB3261BBAAB7392DDDA2210B63C599234) can be used; or
	2. if the applicant has an older ERAS application, then provide that ERAS application along with [this document](https://health.usf.edu/-/media/Files/Medicine/GME/forms-templates/202001Candidate-Pre-Screening-Form.ashx?la=en&hash=BCAA66308AD7FFA69661EE35CCC34EEC80E76AEA))
6. ECFMG certificate (if applicable)
7. For programs that do not utilize the Match
	1. Provide the total number of applications received for the position and the total number of people interviewed for the position
8. Transfer
	1. Per ACGME - The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)
	2. Should try to avoid any gaps in training with the transfer (be aware of weekends)

DATE

Dear [Accepted Applicant’s First and Last Name]:

It is my pleasure to offer you a [insert the term “residency” or “fellowship”] training position in the [name of program] Program at the University of South Florida, Morsani College of Medicine in Tampa, Florida. This offer is effective [July 1, 2021 or other start date] as a PRG/FEL-XX [to be entered by GME central] with a compensation status of CS-XX and the potential for annual renewals based on satisfactory progression through the program for a total of X years [delete the renewal clause if this is a 1-year position]. A current list of salary and benefits as well as a copy of the current house officer contract can be found at <http://gme.health.usf.edu>.

As a condition of this offer of employment, you must successfully complete the University of South Florida’s Graduate Medical Education credentialing and application process as outlined in the GME-200 policy (<https://health.usf.edu/medicine/gme/policies>), including but not limited to, satisfactory completion of all forms and credentialing from the University’s Graduate Medical Education Office and the University’s affiliate hospitals, successful completion of a background check and drug screen by the University or any affiliate hospital, a review of your final application and references, and completion of required immunizations. For incoming PGY-1 and PGY-2 residents, you must provide proof of a passing score on USMLE Step I and II and will be required to pass USMLE Step III by April 1 of your PGY-2 year. For incoming PGY-3 residents and above, you will be required to provide proof of a passing score on USMLE Step III prior to the start of your training. USMLE score reports must be provided to the University either directly via ERAS or via an official transcript sent directly to the University from the testing agency. If you have obtained a Doctor of Osteopathic Medicine you may take the USMLE or the COMLEX. In addition, a successful application of a license to practice medicine with the Florida Board of Medicine must be verified prior to beginning your training year. Additionally, if you are not a United States citizen, prior to your initial start date, you are required to provide evidence that you are a permanent resident of the United States or that you have a J-1 visa through the Educational Commission for Foreign Medical Graduates (ECFMG).

Failure to successfully complete the credentialing and application process (which includes but is not limited to the Florida Board of Medicine application, USMLE Steps I, II, or III requirements, passing background check and drug screen, health immunizations, or affiliate requirements) or failure to provide documentation of United States citizenship, permanent residency, or a valid J-1 visa will delay your start in the program and may render this offer null and void.

If you agree to the terms of this offer, please indicate your acceptance by signing the statement at the bottom of this letter.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
[Program Director’s Name] Brad A. Clark, MBA, MS

Program Director, [name of program] Director, Graduate Medical Education

*\* This offer is not valid without the Director of Graduate Medical Education’s signature.*

= = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =

I accept your conditional offer of a [insert the term “residency” or “fellowship”] training position in the [insert program name] Program at the University of South Florida, Morsani College of Medicine in Tampa, Florida effective [July 1, 2021 or other start date] as a PRG/FEL-XX with a compensation status of CS-XX and the potential for annual renewals based on satisfactory progression through the program for a total of X years [delete the renewal clause if this is a 1-year position].

Please sign where indicated below, retain a copy for your records and return a fully executed copy of this letter no later than 5:00 PM on [insert date 10 business days from date of letter] or this offer will lapse.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[name of resident/fellow] Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name