



University of Connecticut  
 School of Medicine  
 Residency Administration - AG093  
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University of Connecticut School of Medicine  
 Capital Area Health Consortium  
 Integrated Residency Program



Capital Area Health Consortium  
 270 Farmington Ave., Suite 352  
 Farmington, CT 06032-1994  
 Tel: (860) 676-1110  
 Fax: (860) 676-1303

Dear Dr.

Date

The University of Connecticut Health Center has offered you an appointment in the University of Connecticut School of Medicine Residency Training Program. As a participant in the Residency Program, you will be expected to become a resident-employee of the **Capital Area Health Consortium**.

The Consortium is the organization that administers the benefit aspects of the Residency Program. Your resident-employee status with the Consortium does not alter your relationship with the School of Medicine or the requirements of the Residency Program.

As a resident-employee of the Consortium, you will be expected to abide by the School of Medicine's policies, privileges and responsibilities as outlined in material provided to you along with the Resident Agreement Letter. Your continued resident-employee status with the Consortium is contingent upon your continued participation in good standing in the Residency Program. Suspension or dismissal from the Residency Program will also result in suspension or termination of your resident-employee status.

The Consortium will pay your stipend and fringe benefits. We will also make the necessary federal and state withholdings from your stipend and provide you with the necessary enrollment forms and plan descriptions for your insurance coverage and other fringe benefits. By signing and returning this Agreement, you agree to become a resident-employee of the Consortium and agree to abide by all the terms and conditions of resident-employee status as promulgated by the Consortium.

Please sign both letters and return one to the Consortium at the Residency Program Orientation at the University. You may keep the original for your records.

Do not hesitate to contact the Consortium office (676-1110) if you have any questions or need further information.

*Karen L. Goodman*

Karen L. Goodman  
 President  
 Capital Area Health Consortium

Accepted:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Date