



DATE

NAME
Address 1
Address2

Dear Dr. NAME:

In our work here at Children's Hospital Los Angeles ("CHLA"), we dedicate ourselves to fulfilling our fundamental purpose of providing the best care possible to children and families. Our continuing mission is to grow as a dedicated institution with compassionate, committed, and highly-skilled caregivers and researchers to sustain one of the very best pediatric medical centers in the world.

CHLA is pleased to offer you a position as a Clinical Fellow in the program of NAME of the Division of Pediatric NAME at CHLA beginning on July 1, YEAR.

The stipend for your fellowship is \$ANNUAL per year, which is distributed biweekly. This stipend may be subject to deductions for federal and state income taxes, social security tax, and state disability tax. Stipends are reviewed annually. If evaluation of stipend levels indicates an increase, stipends may be adjusted.

This offer is contingent upon your obtaining an unrestricted Medical License in the state of California, valid throughout your clinical fellowship. No clinical/surgical practice is allowed at CHLA without a valid California Medical License. Additionally, this offer is contingent upon your successful completion of all required forms and satisfactorily passing a pre-employment, post-offer physical examination prior to actually beginning work.

As an employee of CHLA, you will be eligible to participate in CHLA's flexible benefits program which include liability insurance, medical, dental and vision insurance for you and your dependents, disability coverage and vacation, parental, sick and other leaves. Your benefits will begin the first day of employment. Additional detailed information will be provided to you in the Physician in Training Agreement and, as with all employees, you will be subject to all policies and procedures established by CHLA for our employees.

You will be scheduled to attend a mandatory fellows' orientation to CHLA within your first 30 days of employment. This session provides detailed information about systems, policies, benefits, opportunities, etc. for CHLA employees.

Please note that this offer contains only a summary of certain aspects of our employee compensation and benefits and does not constitute an agreement with you for a specific term of employment or for specific benefits. All benefits and your job description are subject to change by CHLA upon notice.

We believe your values and goals adhere to our standards here at CHLA and that your contributions will be greatly beneficial to the enduring growth of our organization. We look forward to working with you as a member of the CHLA team!



Please indicate below your acceptance of this offer of appointment and return to our Division by **DATE**. We look forward to having you on our staff and hope that you will find our training program stimulating and enjoyable.

To confirm your acceptance of this offer, please sign below and return one copy to me by **DATE**. If you have any questions regarding this offer letter, please feel free to contact us at **NUMBER**.

Sincerely,

, M.D.
Program Director, Division of
Children's Hospital Los Angeles
[Academic title]
Department of
Keck School of Medicine of the
University of Southern California

, M.D.
Head, Division of
Children's Hospital Los Angeles
[Academic title]
Department of
Keck School of Medicine of the
University of Southern California

Rima Jubran, MD, MPH, MACM
Director, Medical Education
Children's Hospital Los Angeles
Associate Professor of Clinical Pediatrics
Keck School of Medicine
University of Southern California

D. Brent Polk, M.D.
Chair, Department of Pediatrics
Physician-In-Chief and Vice President
for Academic Affairs
Director, The Saban Research Institute
Children's Hospital Los Angeles
Professor and Chairman of Pediatrics
Vice Dean for Child Health
Professor Biochemistry and Molecular Biology
Keck School of Medicine of the
University of Southern California

I accept the terms and conditions outlined above. Name: _____

Signature: _____ Date: _____