

**[INSERT DATE – allow enough time for review and to route for signatures]**

[FIRST LAST NAME, MD/DO/PhD  
STREET ADDRESS  
CITY, STATE, ZIP]

Dear Dr. [LAST NAME]:

It is our pleasure to offer you an appointment as [RANK] in the Department of [DEPARTMENT] at the University of South Alabama (“USA”), and employment as a [TRACK: Clinician, Educator, or Investigator] at USA Health. [IF APPLICABLE: You will receive (number) years *[note that University maximum credit is three]* credit for prior academic service.] This appointment to the USA faculty and employment with USA Health is subject to [FOR FOREIGN PHYSICIANS WITH IMMIGRATION ISSUES TO ADDRESS, INSERT: your being able to secure proper work authorization from the United States Citizen and Immigration Service (“USCIS”) and] satisfactory completion of a background check, degree verification, verification of medical licensure in the state of Alabama, and successful credentialing and privileging at the hospitals owned and operated by USA Health. The offered faculty appointment is a 12-month non-tenure-accruing appointment with the proposed starting date on or about [DATE]. This proposed start date is contingent on full and accurate completion of the credentialing application. An actual start date, which initiates pay, will not occur until credentialing is complete and hospital privileges have been issued. Please note that the Vice-President for Medical Affairs/Dean of the Frederick P. Whiddon College of Medicine, on behalf of the President, will provide the official academic appointment after completion of the hiring and credentialing process.

In your position with the Department of [DEPARTMENT], your primary role and schedule will be directed by Dr. [CHAIR NAME], Chair of [DEPARTMENT], and will include the treatment of patients in the [DEPARTMENT NAME] clinic at [LOCATION, i.e. Strada Patient Care Center], operating at [USA Health University Hospital, USA Health Children’s & Women’s Hospital, USA Health Providence Hospital], and covering the [IF APPLICABLE: describe service coverage] service where you will supervise our medical students, residents, and fellows. Your responsibilities will include helping develop and foster the educational, clinical, and scholarly activities of the Department. In addition, you will be asked to serve on and contribute to committees of the Department, the Whiddon College of Medicine, [USA Health University Hospital, USA Health Children’s & Women’s Hospital, and/or USA Health Providence Hospital], as do all of our faculty members. You will also serve as a member of the Medical Staff of [USA Health University Hospital, USA Health Children’s & Women’s Hospital, and/or USA Health Providence Hospital] [IF APPLICABLE: , and will participate in call responsibilities as assigned by the Department].

The initial proposed salary for this position is \$[XXX,000] per year plus benefits of a full time faculty member in the Department of [DEPARTMENT]. [IF APPLICABLE: Opportunities for additional pay for call in excess of the call described above, and participation in the Supplemental Salary Plan for the Department will also be included in your compensation package.] Professional liability insurance coverage will be provided to you on an occurrence basis at no cost to you. [IF APPLICABLE: In addition, USA Health will support you in your immigration process.]

**[FIRST LAST NAME, MD/DO/PhD]**

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**[IF APPLICABLE:** After execution of and pursuant to the terms and conditions of the Physician Employment Agreement, USA Health will pay you a signing compensation at the time employment starts in the amount of **[DOLLAR AMOUNT]** Thousand and No/100 Dollars (**\$XX,000**). This compensation may be subject to employment withholding and will be subject to repayment with interest should the employment agreement terminate for any reason prior to the **[first/second/third/fourth]** anniversary of the Commencement Date of the Agreement.]

**[FOR FOREIGN PHYSICIANS WITH IMMIGRATION ISSUES TO ADDRESS (i.e., currently employed elsewhere and payment of funds is to be made prior termination of employment with other employer):** In addition, as a part of your compensation package, USA Health is offering to you a Commitment Loan in the amount of **[\$XX,000]**, subject to your meeting the contingencies described above, including completion of the credentialing application, and your execution of an Employment Agreement, and Commitment Loan Agreement, and Promissory Note. The Commitment Loan will be forgiven if you remain employed by USA Health for **[NUMBER (#)]** full years. If for any reason your employment with USA Health terminates prior to your completing **[NUMBER (#)]** full years of employment, the Commitment Loan will be due in full immediately upon the termination of your employment. The forgiven proceeds of the Commitment Loan will be taxable income to you in the year the Commitment Loan is forgiven.]

**[IF APPLICABLE:** USA Health will reimburse up to **[\$XX,000]** [*note University policy sets a limit of \$15,000*] for the costs you incur to move your household goods to the Mobile, Alabama area. Moving expenses paid to you will be treated as taxable income except for the reimbursement of expenses associated with the move of your laboratory or office, if any.]

The *USA Faculty Handbook* and the *College of Medicine Guidelines* for faculty address questions you may have about rights and responsibilities of faculty, as well as information regarding USA policies and promotion/tenure guidelines. These documents are available on-line at:

- <http://www.southalabama.edu/departments/academicaffairs/facultyhandbooks.html>
- <https://www.southalabama.edu/colleges/com/administration/faculty-affairs.html>

We look forward to you joining the Department of **[DEPARTMENT]**, the University of South Alabama, and USA Health. If you find these terms acceptable, please sign and return this Offer Letter to **[NAME]** within **[INSERT # DAYS]** of receipt. We will then begin preparing a definitive Physician Employment Agreement **[INSERT IF APPLICABLE: and signing compensation]**, and start the process of credentialing.

Sincerely,

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**[CHAIR NAME, MD/DO]**

Professor and Chair, **[DEPARTMENT]**

*{If space allows, move signature lines up to second page}*

**[FIRST LAST NAME, MD/DO/PhD]**

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G. Owen Bailey, MHA, FACHE

Chief Executive Officer and Senior Associate Vice-President for Medical Affairs

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John V. Marymont, MD, MBA

Vice-President for Medical Affairs

Dean, Frederick P. Whiddon College of Medicine

I accept the terms and conditions as stated above:

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**[CANDIDATE NAME, MD/DO/PhD]**

Date: \_\_\_\_\_

cc: **[D.O. NAME, Director of Operations, [DEPARTMENT]**

Natalie Fox, DNP, FNP-BC, Chief Physician Enterprise Officer, USA Health

Krissy Shamburger, Physician Recruiter, USA Health

Jeanna M. Smith, Executive Director, Office of Faculty Affairs and Faculty Development