

Tentative Offer Letter for Health Sciences Clinical Professor Series with (2113)

Date (should be 7 days from the time we receive)

Dear Dr. _____,

We are writing to summarize our tentative offer for an appointment as Health Sciences (Assistant, Associate) Clinical Professor, in the Department of _____, in the School of Medicine. The process of appointment will be initiated by a recommendation from the Department which is then reviewed by the School of Medicine Dean's Office. The decision to offer an appointment is made by the Dean of the School of Medicine. The proposed start date for this appointment will be _____. *(Add the following if the faculty member will have a clinical practice):*

This offer is contingent upon you having the following by the proposed begin date:

1. A valid license or certificate to practice medicine pursuant to California Business and Professions Code section 2113, issued by the California Medical Board;
2. Medical staff privileges allowing you to practice your specialty at the UC Irvine Medical Center in Orange;
3. A valid H1-B visa, or such other visa as may be necessary to allow you to work and practice medicine in the United States of America.
4. In the event the above three contingencies have not been met by the proposed start date, the University reserves its right to either withdraw this offer, or extend the proposed start date. If you experience delays in obtaining any of the above, please contact your department immediately, so the situation can be evaluated. Only the Dean has the authority to waive or modify any provision of this letter.

The position of Health Sciences (Assistant, Associate) Clinical Professor carries a base salary of \$_____. In addition, you will receive a Health Sciences Compensation Scale (___) in the amount of \$_____ and a negotiated salary component of \$_____, bringing your total salary to \$_____. (if applicable) You will be expected to generate increasing revenue to cover this salary through the generation of professional fees, contracts and grants. This salary will be effective through June 30, ____ at which time we will review your compensation arrangement. You will be a member of the UCI Health Sciences Compensation Plan (http://www.som.uci.edu/compensation_plan.html). You may also eligible for up to an additional 15% bonus payment for income generated above your total negotiated salary.

(Explain source of the negotiated salary component. Clearly specify the duration of commitments from the Department and plans for the faculty member to assume responsibility for the negotiated component from professional fees or other sources.)

Optional Sentence: Additional annual income may be possible based on the Departmental Compensation Plan incentive “Z” component which is currently implemented and under annual review. This can be explained to you in detail if you wish.

The Health Sciences Clinical Professor title is used for physician/teachers supported by non-State funds. If their appointment is 51% or greater, they have the same retirement, health and other benefits as faculty in the line series who receive a base salary from state funds. Because of the source of funding, however, faculty in the Health Sciences Clinical series do not have tenure and their appointments are subject to review/renewal on July 1st of every year.

All professional fee revenue generated by the clinical faculty are paid into the practice plan to cover salaries and benefits. *Optional starts here.* Each clinical faculty member is subject to the following taxes and/or assessments on professional fee income: 5% of gross collections to the University (“dean’s tax”), 5% of gross collections to the practice development association (PDA), % of gross collections to the department (% overhead and % department development fund) and % of collections to the billing and collections service. Faculty members are expected to cover his/her expenses for such things as travel, computers, membership dues, and subscriptions. *Optional* The department can set up a pre-tax account for payment of appropriate business and professional expenses.

(You will practice as a full time _____ in the Department of _____ strictly under the jurisdiction of UC Irvine medical School and only under the direction of CHAIRS NAME. You will practice only at the University of California, Irvine or the University of California, Irvine affiliated facilities. The duties include _____ Insert a paragraph that summarizes.)

Set-Up Funding: *(Specify amount allocated and the duration in which the funds will be made available, if any. Specify the fund source(s).)*

Set-Up Funding Example:

We have allocated \$___ for set-up funds for this position. (Example: These funds will be made available in the following installments: \$___ at the start of your appointment, \$___ in year two and \$___ in year three. Set-up funds remain in an account in the Dean’s Office for you to draw on. You will be given an account number to make your purchases.

Laboratory and Office Space: *(Summarize commitments about office space, if any.)*

Office Space Example:

We have set aside approximately ___ square feet of office space in _____. A diagram of this is enclosed. (Discuss any renovations to be made and whether these will be paid for by the Department or subtracted from set-up funding.)

Removal: *Removal expenses by exception only in this series. See policy APM 560*

Benefits: You will find information about employee benefits regarding life, health, dental, vision and disability insurance as well as the University of California retirement plan online <http://snap.uci.edu/viewXmlFile.jsp?resourceID=27>. We think you will find that the benefits package is excellent. If you would like more detailed information, please call our Department Administrator, **NAME, PHONE NUMBER**, who can put you in touch with UCI's benefits staff.

We hope that the plans and commitments described above are acceptable to you. If they are, please indicate this by your signature below and return to me by _____ and we will initiate the appointment process. Please contact me if there are points you would like to discuss.

Department Chair

Ralph V. Clayman
Dean, School of Medicine

I agree to the terms of this letter and will accept the faculty position if it is offered.

Signed by candidate

Date