**WSP Standard Offer Letter *(DELETE this info before sending Draft to Becky Bezich for approval)***

Date

Name

Address

City, State Zip

Dear Dr. \_\_\_\_\_\_\_\_\_:

We are pleased to offer you employment with Wright State Physicians, Inc. subject to your fulfillment of the following terms and conditions. Upon compliance with the terms and conditions, your employment will begin on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. You will be expected to serve as an active teaching member of the Faculty of the Boonshoft School of Medicine, to engage in research, and to provide service to Wright State University, the community, and the profession as measured by evidence of a high level of competence in clinical, educational, academic, and administrative duties and responsibilities as may be assigned to you by the Department Chair. Your primary responsibility to WSP will be to provide clinical services in \_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Along with your clinical duties, it is expected that you will actively participate in the training programs for medical students, residents, and other learners. It is contemplated that you will generate sufficient funds through clinical revenue, extramural funding, teaching activities, or administrative assignments to fund your salary and benefits. Your professional effort commensurate with your employment at % effort should be devoted to the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. Your total annual compensation will consist of the following:

 (a) A University faculty base salary and/or stipend (if any), subject and payable in accordance with the payroll policies of the University; note that this is an obligation of the University and not WSP.

 (b) WSP intends to compensate you based on the activities of the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as determined in accordance with the compensation plan of the department of primary appointment in effect from time to time. Your annual salary from WSP for the first year will be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with additional compensation, if any, according to the departmental compensation plan. Your compensation after the first year shall be established based on the practice plan’s compensation plan in effect at that time, as it may be amended by WSP from time-to-time in its sole discretion.

 (c) Fringe benefits include access to employer-sponsored healthcare insurance, vision, dental, and life insurance, and defined contribution benefits plans as generally provided by WSP to its employees. Details are available from the Human Resources Department. Please note that employees of Wright State Physicians are exempt from paying the Social Security tax portion of FICA on WSP earnings.

3. Upon determination of insurability, professional liability insurance will be provided by WSP in, at least, the amount required for medical staff privileges at the practice sites where you are assigned. The actual cost of such insurance may be charged to you under the policy and procedures established by the WSP.

4. Your initial and continued employment is subject to and contingent upon your achieving and maintaining:

 (a) A full and unrestricted license to practice medicine (or other appropriate professional license) in the state of Ohio;

 (b) Unrestricted Drug Enforcement Administration registration to prescribe controlled substances (where applicable);

 (c) Membership in good standing on the medical staff of hospitals or health centers to which you will be assigned, with clinical privileges in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, in accordance with the bylaws of the various medical centers and their medical staff rules and regulations;

 (d) Eligibility as a certified provider in the Medicare, Medicaid and other federal and state health care programs;

 (e) Insurability in the professional liability policy of WSP at conventional rates; and

 (f) A Faculty appointment in the Wright State University Boonshoft School of Medicine.

5. Please note that all offers of employment at WSP are subject to the establishment of employment eligibility under U. S. immigration law and results of a pre-employment drug screen and criminal background check.

If you agree to the terms above, please indicate by signing the enclosed copy of this letter and returning it to Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (**date**). If this letter has not answered all of your questions about the employment with WSP, please do not hesitate to contact Dr. \_\_\_\_\_\_\_\_.

After you accept this offer, you will receive an Employment Agreement from WSP which shall be the controlling document with respect to your employment relationship with Wright State Physicians, Inc.

We are delighted by the prospect of having you join the faculty of Wright State University and its associated Faculty Practice Plan, Wright State Physicians, Inc. We are confident that your contributions will enhance the University’s excellence in clinical services and in the training of outstanding physicians and scientists.

Sincerely,

Name

Chairman

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alan P. Marco, MD, MMM

President and CEO

Wright State Physicians

I acknowledge my agreement with the above terms:

TYPE NEW MD NAME HERE Date

Copies: Becky Bezich, WSP Corporate

 Joy Sugai, WSP Human Resources

***Revised 10.13.15; Model Implemented and effective July 1, 2015/bb***

***(DELETE this info before sending Draft to Becky Bezich for approval)***