

GRADUATE MEDICAL EDUCATION PROGRAM

RESIDENCY/FELLOWSHIP AGREEMENT:

AMENDMENT TO       PROGRAM DURATION

***THIS IS AN AMENDMENT TO AN AGREEMENT*** (“the original agreement”) previously executed by and between the Regents of the University of Minnesota (the “University”), a Minnesota constitutional corporation, and      , hereinafter referred to as “resident/fellow,” in order to alter the program duration of the training undertaken by the resident/fellow.

**THE PARTIES AGREE** that all terms of the original agreement remain in effect except as follows:

1. **Section 1.3 is amended to read (*new/revised language in italics*):** 
   1. If the resident/fellow is in satisfactory standing, this Agreement will be automatically renewed on an annual basis for the duration of the training program. The criteria for promotion and reappointment are set forth in the GME Institution Policy Manual. *Completion of the program requires a total of       years of training, due to [reason – e.g. resident/fellow appointment as an additional year Chief, resident/fellow acceptance into 1/2/3 Surgery Lab Year(s), resident/fellow acceptance into (program track)].* If the expected duration of the training program is *further* altered the resident/fellow will receive an *additional* amendment to this agreement.

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| **Regents of the University of Minnesota**  By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: Susan M. Culican, MD, PhD  Title: Associate Dean for Graduate Medical Education; Designee for the Dean of the University of Minnesota Medical School  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Resident/Fellow**  *I acknowledge that my electronic signature below is the legally binding equivalent of my handwritten signature on paper.*  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |