LOS ANGELES COUNTY + UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER

APPOINTMENT OFFER

	DEPARTMENT
The above-named Hospital, owned by the County of Los Angeles, hereby offers,	
This offers of appointment is subject to, but not limited to, t	the following conditions:
	dically established by the Los Angeles County Board of Supervisors by way orandum of Understanding. Current salary is per month.
	wise specified by the Los Angeles County Board of Supervisors by way of nding. Appointment pursuant to this offer is of an expected duration from
postgraduate training program in Californi must be obtained within 180 days after en resident participating in an ACGME accre	ent is contingent upon the following: ill be required for all residents participating in an ACGME accredited a in order to practice medicine as part of their training program. A PTL rollment in the program and will not be required to be renewed. Any dited postgraduate training program at the time the law goes into effect, or licensure, will need a PTL by June 30, 2020, to continue training in the
law. (Effective January 1, 2020, all applica international, will be required to successfu ACGME, RSCPC, or CFPC. Applicants w	opractice medicine in the State of California unless otherwise provided by ants, regardless of whether the medical school attended was domestic or ally complete 36 months of postgraduate training accredited by the ill need to complete 24, consecutive months of training in the same scian's and surgeon's license in California.)
 Having applied for a Drug Enforcement A Director or Chief of Staff issues a specific 	dministration (DEA) Registration Certificate unless the Hospital Medical written exemption.
	pintment, is contingent upon maintenance of academic good standing as n. Failure to maintain academic good standing in said program shall result in hination of appointment pursuant to this offer.
	he educational experience. A Physician Postgraduate Training Program that ies of the Accreditation Council for Graduate Medical Education is provided.
Lawrence M. Opas, MD, DIO	Date:
I have read this appointment offer in its entirety and accep	ot this offer of appointment:
Signature of Appointee	Date: