**PROGRAM LETTER OF AGREEMENT**

**Between**

**UNIVERSITY OF MARYLAND MEDICAL CENTER**

**And**

**THE JOHNS HOPKINS HOSPITAL**

This Program Letter of Agreement is the residency training affiliation agreement between the Sponsoring Institution, University of Maryland Medical Center, LLC and the Participating Site, The Johns Hopkins Hospital with respect to a clinical training experience for the Sponsoring Institution’s assigned residents. The agreement of the parties to abide by all terms and conditions of the AAMC Uniform Terms and Conditions dated January 22, 2018 is available at <https://www.aamc.org/download/483984/data/aamcuniformtermsandconditions.pdf>, which is hereby incorporated by reference, without modification or exception except as specified below. Any conflict between this Program Letter of Agreement and the AAMC Uniform Terms and Conditions are to be interpreted in favor of this Program Letter of Agreement.

This Program Letter of Agreement is effective from July 1, 2020, and will remain in effect for five years (June 30, 2025) or until updated or changed by the Sponsoring Institution and the Participating Site or terminated by either party.

1. **Parties**

Sponsoring Institution: University of Maryland Medical Center

Participating Site: The Johns Hopkins Hospital

1. **Persons Responsible for Education and Supervision**

Program Director at Sponsoring Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Director at Participating Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other JHU faculty at Participating Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named people are responsible for the education and supervision of the residents while rotating at the Participating Site.

1. **Responsibilities**

The faculty at Participating Site must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the competency areas identified by ACGME or other applicable accrediting bodies. Supervision must provide safe and effective care to patients; ensure development of skills, knowledge, and attitudes required to enter the unsupervised practice of medicine and establish a foundation for continued professional growth. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at the completion of the assignment.

1. **Goals and Objectives of the Educational Experiences (Attachment A)**

The goals and objectives of the educational experiences have been developed according to ACGME Residency Program Requirements or other applicable accrediting bodies, and will be provided to the applicable Site Director for each applicable rotation.

The applicable Program Director, Site Director and program faculty at the Participating Site are together responsible for the day-to-day activities of the residents during the course of the educational experiences at the Participating Site in furtherance of the goals and objectives.

1. **Policies, Rules and Regulations that Govern Resident Education**

Residents will be under the general direction of their Sponsoring Institution Program’s Policy and Procedure Manual regarding educational matters as well the Participating Site’s policies, rules and regulations regarding patient care activities.

1. **Financial Responsibility**

Sponsoring Institution Responsible Financially

Sponsoring Institution or its affiliate as otherwise described under Section 7 herein shall continue to employ the residents and is responsible for the payment of any salary and compensation to the residents, as well as providing or requiring health insurance coverage and workers compensation coverage, and withholding all applicable taxes.

Sponsoring Institution understands that its residents will not be covered by or entitled to any social security, unemployment compensation, retirement, pension and/or any other benefits programs or workers’ compensation program offered or provided by Participating Site, and no resident shall have any right, title or claim to participate in the same. Agreement to any additional sharing of expenses for any specific rotation shall be set forth in below.

1. **Other Modifications or Exceptions to the AAMC Uniform Residency Training** Terms and Conditions

The length of the agreement has been modified to five (5) years and will end June 30, 2025.

There is a financial commitment associated with this PLA (see attachment B) \_\_\_\_ YES

The individuals executing this program letter of agreement are authorized to sign on behalf of their institutions and certify that their institutions have accepted the AAMC Uniform Terms and Conditions for Program Letters of Agreement and further agree to comply with its terms except as noted above.

**Sponsoring Institution:** UNIVERSITY OF MARYLAND MEDICAL CENTER

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: By: Mary J. Njoku, M.D.

Title: Program Director Title Designated Institutional Official

Date: Date:

Address: Address: 22 S. Greene Street

Baltimore, Maryland 21201

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: By: Michael Jablonover, MD, MBA, FACP

Title: Chairman Title: Senior Vice President and Chief Medical Officer

Date: Date:

Address: Address: 22 S. Greene Street

Baltimore, Maryland 21201

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: Maureen Hyson

Title: Director, Graduate Medical Education

Date:

Address: 110 S. Paca Street

Baltimore, Maryland 21201

**Participating Site:** THE JOHNS HOPKINS HOSPITAL

Signature: Signature:

By: By: Peter M. Hill, M.D.

Title: Program Director Title: Vice President, Medical Affairs

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledged and Agreed:**

Signature:

By: Jessica L. Bienstock, MD, MPH

Title: Associate Dean for Graduate Medical Education/DIO

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

Address: 733 North Broadway, Room 147

Baltimore, Maryland 21205

**ATTACHMENT A**

**ROTATION GOALS AND OBJECTIVES**

**FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROTATION AT**

**THE JOHNS HOPKINS HOSPITAL**

PROGRAM DESCRIPTION:

GOALS FOR ROTATION:

### **ATTACHMENT B**

It is understood that if this is a multi-year Agreement, salary will be adjusted each academic period covered under the Agreement to reflect current UMMC approved salary the current academic year. Fringe benefits and administrative fees will be revised in accordance with the new salary level and will appear on subsequent invoices from UMMC, without the need for the parties to execute a new Attachment B. Payment for stipends includes vacation pay up to three weeks per Resident per year, and routine holiday, sick, and personal time off. UMMC will invoice The Johns Hopkins Hospital (JHH) at the beginning of the quarter. In response to UMMC invoices, JHH shall pay to UMMC 100% of the amount due for a quarter within 30 days of the invoice date. JHH shall pay all invoices minus any disputed amounts. Any billing disputes will be submitted in writing to UMMC as soon as reasonably possible. JHH and UMMC shall resolve any disputed amounts within 30 days of notification of dispute. For invoices that are not paid in accordance with these payment terms, JHH shall pay UMMC a late fee of 1.5% a month on the outstanding balance.

PGY \_\_\_\_\_

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| --- | --- |
| Salary |  |
| Fringe Benefits (25% of salary) |  |
| Total Salary and Fringe by PGY Level |  |
| Administrative Fee |  |
|  |  |
| Total Salary, Fringe and Administrative Fee by PGY Level |  |
|  |  |
| FTE Equivalency |  |
|  |  |
| **TOTAL REIMBURSEMENT BY PGY LEVEL** |  |

PGY \_\_\_\_\_

|  |  |
| --- | --- |
| Salary |  |
| Fringe Benefits (25% of salary) |  |
| Total Salary and Fringe by PGY Level |  |
| Administrative Fee |  |
|  |  |
| Total Salary, Fringe and Administrative Fee by PGY Level |  |
|  |  |
| FTE Equivalency |  |
|  |  |
| **TOTAL REIMBURSEMENT BY PGY LEVEL** |  |

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| **TOTAL REIMBURSEMENT BY PGY LEVEL** |  |