

**ACCEPTANCE OF OFFER
CLINICAL FACULTY
2024 – 2025**

By accepting this appointment, I represent and warrant that now and throughout the term of my appointment and/or employment:

1. I am not bound by any contract or arrangement which would preclude me from entering into or from fully performing the services required under my employment with LSUHSC;
2. My license to practice medicine in this State and any other jurisdiction has not been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or restricted in any way;
3. I have never had my medical staff privileges at any health care facility denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or made subject to terms of probation or any other restriction;
4. I have not conducted nor am I presently conducting my medical practice in such a manner as to cause me to be suspended, excluded, barred, or sanctioned under the Medicare or Medicaid Programs, by any government licensing agency, or under any other state or federal law or regulation, and I have never been convicted of any offense related to health care;
5. I have not been charged with, convicted of, pled guilty to, or entered a plea of nolo contendere to a civil charge or criminal offense, the subject matter of which is related in any manner to health care;
6. I have never been convicted of a felony;
7. I have never been listed by any federal agency as sanctioned, debarred, excluded or otherwise ineligible for federal program participation;
8. I shall maintain throughout the term of this appointment, an unrestricted license to practice medicine in the State of Louisiana; and
9. I am eligible for and able to obtain and maintain credentials at all facilities and institutions with which LSUHSC performs services relevant to my practice area and I am eligible for and able to obtain and maintain credentials with any and all managed care entities with which LSU or LSU HealthCare Network contracts for health care services.

Some gratis faculty serve as Preceptors. If I am serving as a Preceptor, the clinical education experience will be assigned and directed by the University under regulations and guidelines established by the University. The University shall be responsible for the general overall supervision and assessment criteria of any student educational activities with me. Student responsibilities and educational program objectives will be provided by the Program/Clerkship Director at the University. My practice shares with the University the responsibility for assuring that the clinical environment is conducive to effective learning and that educational resources (e.g., computers, web access, and conference space) are adequate to meet student needs. In the case of a needlestick or other student occupational injury while in my office, my practice will provide basic first aid as required, after which the student will follow the protocol per the LSUHSC policy.

If at any time before acceptance and final approval by the Board of Supervisors of the letter of offer, I fail to satisfy the above requirements, I understand that this letter of offer will automatically be null, void, and is deemed rescinded.

Furthermore, if during my employment, I fail to satisfy the above requirements or violate the policies and regulations of the LSU Board of Supervisors, its institutions, or any of its administrative units, I understand that I may be terminated by LSUHSC. By accepting this appointment and/or employment I agree to perform all duties and services required by the University with all applicable federal, State, and local laws, rules and regulations. I also agree to comply with all LSU System Bylaws and Regulations, and the policies and procedures of the LSU System, the LSUHSC, the School of Medicine and the department as exist currently and as may be modified in the future. Specifically, I agree to comply with the substance abuse and fitness for duty policies. By doing so, I recognize that this agreement will not be enforceable

and that my employment will not begin until a negative test has been obtained if it is required as a condition of my employment.

This offer and my acceptance are subject to and governed by the Bylaws and Regulations of the LSU Board of Supervisors and the LSU System. Furthermore, I acknowledge that this offer is contingent upon its approval through standard University channels up to and including approval by the Board of Supervisors. Therefore, an acceptance of this contingent offer prior to that approval is not binding upon the University and will not become effective until final action by the LSU Board of Supervisors.

My signature attests to acceptance of the letter of offer attached and with Dean's (or Dean's designee's) signature dated _____.

Signature: _____
(Candidate Name)

Date: _____

December 2024