

The HCA Healthcare Resident/Fellow Stipend Program Policies and Procedures:

Does your training, compassion for patients, and work ethic set you apart from the crowd? If so, consider applying for the HCA Healthcare Resident/Fellow Stipend Program.

Purpose:

To provide financial assistance to residents and fellows ("students") in selected medical specialties that will assist in the completion of their residency or fellowship training program. In exchange, the student will agree to be a medical staff member at an HCA Healthcare affiliated hospital for two years upon completion of the training program. This Stipend Program is intended to link students to HCA Healthcare affiliated hospitals – in general – not to a specific hospital or practice. Stipends are offered at a time when students are not ready to make a commitment and/or sign a contract with a specific hospital or practice. Students seeking a guaranteed opportunity to work in a specific hospital or city upon completion of their residency or fellowship should not apply for a stipend.

Eligibility:

- Must be a full time resident in an ACGME, AOA, or HCA Healthcare approved program or a full time fellow in a U.S. fellowship program.
- Student must remain in good standing with the program to maintain stipend eligibility.
- Must receive written recommendation from current program and all previous medical programs attended, including medical school, residency and fellowship programs, as applicable.
- At the time of signing the Stipend Agreement, students must be free of any other contractual obligations requiring a service commitment upon completion of their training. Student is not eligible if a contract or Letter of Intent with a practice or hospital or other entity has been signed.

- Must pass a thorough HCA Healthcare background check.
- Must be in a specialty for which HCA Healthcare affiliated hospitals have a demonstrated need.
- Must be willing to relocate to the service area of an HCA Healthcare affiliated hospital with a need for that specialty.
- Physician is ineligible to apply if he/she has an immediate family member on active medical staff at an HCA Healthcare facility.
- Must disclose all future plans, including possible fellowship training plans, in the initial application process. Once contracts have been fully executed, we cannot amend the contract to add additional payments.
- Must have completed a minimum of nine months of residency training to be considered for the program.
- Must have a minimum of six months of training remaining (as of the last day of the candidate's review period) to be considered for the program.

Responsibility:

- Participants are required to report all amounts paid on Form 1099 as prescribed by the Internal Revenue Service. Furthermore, participants acknowledge that the IRS may require payment on such amounts in the form of taxes.
- At any time, HCA Healthcare can request a letter from your institution attesting to your good standing with the program.
- Participants are required to notify HCA Healthcare of any change in academic standing, address, or other key information within 15 days of such occurrence.
- Participant agrees to engage in the full-time private practice of his/her specialty in the service area of an HCA Healthcare affiliated hospital and shall maintain active staff privileges during the commitment period.

- Participants will owe back any monies not yet forgiven immediately and in full if there is a material breach of the agreement or if we are unable to agree upon the geographic area to be served within 120 days after student completes his or her training.
- Due to physicians being brought to the community by “community need” and as mandated by federal government, a participant joining an existing group agrees not to enter into a non-compete agreement or other similar practice restriction prior to the end of the commitment period.
- Participants cannot have ownership in competing entities.

Application Procedures:

- Visit BusinessSideOfMedicine.com to access stipend application.
- Complete entire application packet, which should include all of the following:
 - Application checklist (provided)
 - Contact information and Medical Training History form (provided)
 - Geographic preference - *candidates with a wider geographic preference may have a better chance of success with job placement*
 - Disclosure questions & attestation signature forms (provided)
 - PreCheck background check forms (provided)
 - Letter of Recommendation from current Program Director - beginning date and anticipated completion date are required (including month, day, and year)
 - Personal vision statement - *outlining professional and personal goals upon completion of training*
 - Curriculum Vitae
- Compile all application materials and email in a single PDF file to Christian.McFall@HCAHealthcare.com

Application Approval Procedures and Timeline:

1. Student completes application process as outlined above.
2. Student’s completed application is sent to screening committee for review and approval (see application for specific dates) and must include all requested documents and materials in order to be processed.
3. Student will be notified via email of committee’s decision regarding stipend.
4. If a student’s application is approved by the screening committee, stipend contract is drafted and routed for signatures from appropriate HCA Healthcare staff.
5. Stipend contract is sent overnight via FedEx to home address of candidate as listed on the stipend application.
6. Student signs and returns the stipend contract within 30 days of receipt.
7. **Stipend recipient’s paperwork will be sent to HCA Healthcare’s Accounts Payable department to be input into the payment system.**
 - Please note: AP process could take up to three weeks to complete. Stipend recipient will receive his/her first stipend payment after this process is completed. The monthly payment date is outlined in the original stipend contract.
 - All stipend recipients are encouraged to sign up for direct deposit. Enrollment forms are included with stipend contract.

In signing the Resident/Fellow Stipend Program Policies and Procedures document, I hereby acknowledge my acceptance of and agreement with these terms.

Resident / Fellow Signature

Date