

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-12
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	<b><u>SUBJECT</u></b> RESIDENT AND FELLOW ELIGIBILITY, SELECTION, AND APPOINTMENT POLICY	SUPERSEDES	05/01/2015 06/01/2014 04/02/2013 03/01/2011 10/01/1992

## Resident and Fellow Eligibility, Selection, and Appointment Policy

### I. PURPOSE:

- 1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) comply with the Accreditation Council for Graduate Medical Education (ACGME) requirements and meet standards outlined in the Graduate Medical Education Directory under the heading, “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition).
- 1.2. The processes for the selection of residents and fellows at MSM shall adhere to ACGME requirements, the standards outlined in the “Essentials of Accredited Residencies in Graduate Medical Education” and in this policy.

### II. SCOPE:

All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and accredited affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident/fellow appointments at Morehouse School of Medicine.

### III. POLICY:

- 3.1. This policy is bound by the parameters of residency and fellowship education and complies with MSM Human Resources policies.
- 3.2. Applicants to Morehouse School of Medicine (MSM) residency and fellowship programs must be academically qualified to enter into a program.
- 3.3. The institution shall participate in the National Resident Matching Program (NRMP).
  - 3.3.1. All MSM Post-Graduate Year One (PGY-1) resident positions shall be made available for application by all students graduating from United States and Canadian accredited medical schools as determined by the NRMP.
  - 3.3.2. Other applicants eligible to enter the “match,” including International Medical School Graduates (IMGs), may also apply.
- 3.4. MSM residency and fellowship programs will select from among eligible applicants on the basis of their preparedness and ability to benefit from the program to which they have applied.
- 3.5. Aptitude, academic credentials, the ability to communicate effectively, personal characteristics such as motivation and integrity, and the ability to function within parameters expected of a practitioner in the specialty shall be considered in the selection process.

**3.6.** Programs must include the following GME Programs' Technical Standards and Essential Functions for Appointment and Promotion information:

**3.6.1.** Introduction

**3.6.1.1.** Medicine is an intellectually, physically, and psychologically demanding profession. All phases of medical education require knowledge, attitudes, skills and behaviors necessary for the practice of medicine and throughout a professional career.

**3.6.1.2.** Those abilities that residents/fellows must possess to practice safely are reflected in the technical standards that follow. These technical standards/essential functions are to be understood as requirements for training in all Morehouse School of Medicine residencies and are not to be construed as competencies for practice in any given specialty.

**3.6.1.3.** Individual programs may require more stringent standards or more extensive abilities as appropriate to the requirements for training in that specialty.

**3.6.1.4.** Residents and fellows in Graduate Medical Education programs must be able to meet these minimum standards with or without reasonable accommodation.

**3.6.2.** Standards—Observation

**3.6.2.1.** Observation requires the functional use of vision, hearing, and somatic sensations. Residents/fellows must be able to observe demonstrations and participate in procedures as required.

**3.6.2.2.** Residents/fellows must be able to observe a patient accurately and completely, at a distance as well as closely.

**3.6.2.3.** Residents/fellows must be able to obtain a medical history directly from a patient, while observing the patient's medical condition.

**3.6.3.** Standards—Communication

**3.6.3.1.** Communication includes speech, language, reading, writing, and computer literacy.

**3.6.3.2.** Residents/fellows must be able to communicate effectively and sensitively in oral and written form with patients to elicit information as well as perceive non-verbal communications.

**3.6.4.** Standards—Motor

**3.6.4.1.** Residents/fellows must possess sufficient motor function to elicit information from the patient examination by palpation, auscultation, tapping, and other diagnostic maneuvers.

**3.6.4.2.** Residents/fellows must also be able to execute motor movements reasonably required for routine and emergency care and treatment of patients.

**3.6.5.** Standards—Intellectual: Conceptual, Integrative, and Quantitative Abilities

**3.6.5.1.** Residents/fellows must be able to measure, calculate, reason, analyze, integrate, and synthesize technically detailed and complex information in a timely fashion to effectively solve problems and make decisions which are critical skills demanded of physicians.

**3.6.5.2.** In addition, residents/fellows must be able to comprehend three-dimensional

relationships and to understand spatial relationships of structures.

**3.6.6. Standards—Behavioral and Social Attributes**

**3.6.6.1.** Residents/fellows must possess the psychological ability required for the full utilization of their intellectual abilities for:

**3.6.6.1.1.** The exercise of good judgment;

**3.6.6.1.2.** The prompt completion of all responsibilities inherent to diagnosis and care of patients; and

**3.6.6.1.3.** The development of mature, sensitive, and effective relationships with patients, colleagues, and other healthcare providers.

**3.6.6.2.** Residents/fellows must be able to tolerate physically and mentally taxing workloads and be able to function effectively under stress.

**3.6.6.3.** Residents/fellows must be able to adapt to a changing environment, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of patients.

**3.6.6.4.** Residents/fellows must be able to work effectively and collaboratively as team members.

**3.6.6.5.** Residents/fellows must demonstrate ethical behavior consistent with professional values and standards, as a component of their education and training.

**3.6.7. Standards—Reasonable Accommodation**

**3.6.7.1.** A reasonable accommodation is designed to assist an employee in the performance of the essential functions of his or her job and an applicant in fulfilling MSM's application requirements.

**3.6.7.2.** MSM will make a reasonable accommodation available to any qualified individual with a disability who requests an accommodation.

**3.6.7.3.** Accommodations are made on a case-by-case basis.

**3.6.7.4.** MSM will work with eligible employees and applicants to identify an appropriate, reasonable accommodation in a given situation. Complete information is found on the MSM Human Resources Office of Disability Services web page at <https://www.msm.edu/Administration/HumanResources/disabilityservices/index.php>.

**3.6.7.5.** In most cases, it is the responsibility of the employee or applicant to begin the accommodation process by making MSM aware of his or her need for a reasonable accommodation. See the full MSM Accommodation of Disabilities Policy for information on how to request a reasonable accommodation.

**Note:** The MSM enrollment of non-eligible residents may be cause for withdrawal of residency program accreditation.

**IV. Title IX Compliance:**

- 4.1. The residency education environment shall be free of undue harassment, confrontation, and coercion because of one's gender, cultural and religious beliefs, other individual traits, and status or standing.
- 4.2. Therefore, in compliance with the Title IX of the Education Amendments of 1972, Morehouse School of Medicine (MSM) does not discriminate on the basis of sex in its education programs and activities and is required under Title IX and the implementing regulations not to discriminate in such a manner. Prohibited sex discrimination covers sexual misconduct including, but not limited to, sexual harassment and sexual violence, and extends to employment in and admission to such programs and activities.
- 4.3. It is the policy of MSM that discrimination against any person or group of persons on the basis of race, color, national origin, religion, gender, sexual orientation, marital status, ancestry, genetic information, age, disability, veteran or military status, or any other legally protected characteristic is specifically prohibited. This is in compliance with federal law, including Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (and ADA amendments).
- 4.4. MSM prohibits retaliation against members of the MSM community who raise concerns about or report incidents of discrimination based on legally protected characteristics.
- 4.5. Marla Thompson, Title IX Coordinator, has been designated to handle inquiries about and reports made under MSM's Sex/Gender Nondiscrimination and Sexual Harassment policy.

Direct dial (404) 752-1871 Fax (404) 752-1639 E-mail: mthompson@msm.edu  
Morehouse School of Medicine  
720 Westview Drive, SW Harris Building, Atlanta, GA 30310

**Contact MSM's Human Resources Office for the current policy**

**V. RESIDENT AND FELLOW ELIGIBILITY CRITERIA:**

- 5.1. Sponsoring Institutions are required to have written policies and procedures for resident/fellow recruitment and must monitor each of its ACGME accredited programs for compliance.
- 5.2. The following information is extracted from the Accreditation Council of Graduate Medical Education (ACGME) Institutional Requirements, Section IV.A. Institutional GME Policies and Procedures—Resident/Fellow Recruitment, and the ACGME Common Program Requirements—Resident/Fellow Appointments/Eligibility/Transfers—Section III.A-C.
- 5.3. Applicants with one of the following qualifications are eligible for appointment to accredited residency programs:
  - 5.3.1. Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or
  - 5.3.2. Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA).

- 5.3.3.** Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
- 5.3.3.1.** Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment;
  - 5.3.3.2.** Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty or subspecialty program; or
  - 5.3.3.3.** Has graduated from a medical school outside the United States and has completed a Fifth Pathway program provided by an LCME-accredited medical school.
- 5.4.** An applicant invited to interview for a resident or fellow position must be informed in writing or by electronic means of the most current terms, conditions, and benefits of appointment to the ACGME-accredited program. Information must include:
- Financial support
  - Vacations
  - Parental, sick, and other leaves of absence
  - Professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents
- 5.5.** Each resident or fellow in MSM programs must be a United States citizen, a lawful permanent resident, a refugee, an asylee, or must possess the appropriate documentation to allow the resident to legally train at Morehouse School of Medicine.
- 5.6.** All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in:
- ACGME-accredited residency programs;
  - AOA-approved residency programs;
  - Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada; or
  - Residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.
- 5.7.** Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.
- 5.8.** A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program and with approval by the GMEC, may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.
- 5.9.** For resident eligibility exceptions granted by ACGME specialty review committees, see specialty-specific requirements.

## **VI. FELLOW APPOINTMENTS ELIGIBILITY CRITERIA**

**6.1.** Each ACGME Review Committee will choose one of the following: (please review the program requirements for the specialty-specific eligibility criteria)

**6.1.1.** Option 1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in:

- An ACGME-accredited residency program;
- An AOA-approved residency program;
- A program with ACGME International (ACGME-I) Advanced Specialty Accreditation;
- A Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency program located in Canada.

Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program.

**6.1.2.** Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program or an AOA-approved residency program.

**6.2.** Upon matriculation, fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME Milestones evaluations from the core residency program.

**6.3.** For fellow eligibility exceptions granted by ACGME specialty review committees, see subspecialty-specific requirements.

## **VII. GMEC and ACGME Program Positions and Appointment Approval**

**7.1.** Program directors must not appoint more residents or fellows than approved by the ACGME Review Committee.

**7.2.** Available MSM resident positions are dependent upon the following criteria:

- The current number of residency program positions authorized by the Accreditation Council for Graduate Medical Education (ACGME)
- The space available in the Post-Graduate Year
- Funding and faculty resources available to support the education of residents/fellows according to the "educational requirements" of the specialty program

**7.3.** All complement increases must be approved by the GMEC and the ACGME Review Committee.

**7.4.** Any program requests for an official adjustment to the program's "authorized" resident complement shall be evaluated and approved by the GMEC through the Designated Institutional Official (DIO) prior to submission to the ACGME Review Committee.

**VIII. Resident/Fellow Transfers**

- 8.1. Upon matriculation, the program must obtain verification of previous educational experiences and a summative competency-based performance evaluation, signed by the previous program director prior to acceptance of a transferring resident/fellow, and the candidate's Milestones evaluations.
- 8.2. Residents are considered transfer residents under several conditions including moving from one program to another within the same or different sponsoring institution and when entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match (e.g.: accepted to both programs right out of medical school).
- 8.3. Before accepting a transfer resident, the program director of the "receiving program" must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director.
- 8.4. The term "transfer resident" and the responsibilities of the two program directors noted above do not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.
  - 8.4.1. MSM residency programs, however, shall identify all residents who would begin the residency program and would have to continue beyond the "Initial Residency Period."
  - 8.4.2. **Note:** The initial residency period is the length of time required to complete a general residency program (e.g.: Internal Medicine: 3 years; Psychiatry: 4 years).

**IX. ADDITIONAL ELIGIBILITY REQUIREMENTS:**

For any applicant to be eligible for appointment to an MSM residency/fellowship program, the following requirements must be met in addition to the eligibility criteria stated above

- 9.1. All MSM residency and fellowship programs shall participate in the National Resident Matching Program (NRMP) for PGY-1 level resident and fellowship positions.
  - 9.1.1. All parties participating in the match shall contractually be subject to the rules of the NRMP.
  - 9.1.2. This includes MSM, its residency/fellowship programs, and applicants.
  - 9.1.3. Match violations will not be tolerated.
- 9.2. All applicants to MSM residency and fellowship programs must apply through the Electronic Residency Application Service (ERAS).
  - 9.2.1. This service shall be used to screen needed information on all applicants.
  - 9.2.2. All applicants shall request that three (3) letters of professional and/or academic references, current as of at least 18 months, be sent to the residency program administration via ERAS.
- 9.3. Programs may establish additional selection criteria (e.g.: determine specific minimum scores for the USMLE). Specific criteria must be published for applicants to review as part of the required program-level policy on eligibility and selection.
- 9.4. Residency program directors and their residency committees shall have program standards and criteria to review MSM residency program applications in order to ensure equal access to the program. Eligible resident/fellow applicants shall be selected and appointed only according to ACGME, NRMP, and MSM's requirements and policies.
- 9.5. Applicants from United States- or Canadian-accredited medical schools shall request that an

- original copy of a letter of recommendation or verification from the dean of the medical school be sent to the program administration via ERAS.
- 9.6.** Selectees from a United States LCME- or AOA-accredited medical school shall provide proof of graduation or pending “on-time” graduation. They shall request that official transcripts, diplomas, or “on-time” letters be sent to the program via ERAS.
- 9.7.** Selectees must provide official proof of passing both USMLE Step 1 and USMLE Step 2 (CK and CS) before they are eligible to begin their appointment in MSM residency programs.
- 9.8.** The State of Georgia and MSM consider any time spent in a residency program as time that must be declared by the applicant when applying for a Temporary Resident Postgraduate Training Permit.
- 9.8.1.** This time is applicable whether the applicant completed the period of residency or not.
- 9.8.2.** A letter of explanation/verification is required of the applicant and the past residency program director.
- 9.9.** Applicants who have not graduated from a United States- or Canadian-accredited medical school shall request certification of completion (by seal) by an official of the medical school. If the medical school is not in the United States, such official letters shall be in English and/or have a certified or notarized English translation of the content.
- 9.10.** A current (stamped indefinite) certificate from the Educational Commission on Foreign Medical School Graduates (ECFMG) must also be submitted with ERAS documents.
- 9.10.1.** Initial ECFMG Certificates should not be pending when applicants are reporting to a residency program.
- 9.10.2.** Failure to obtain an ECFMG Certificate by the start date of the resident appointment will void both NRMP and MSM resident/fellow agreements.
- 9.11.** Program directors must ensure that IMG/FMG candidates are eligible for J-1 Visa sponsorship before ranking these candidates in NRMP.
- 9.12.** All selectees shall complete an MSM Non-Faculty Employment Application. The Human Resources Department is available for assistance.
- 9.13.** Upon selection, all academic and employment documents referenced within this section and other documents requested by the residency program must be presented to the program administrator in their original form.
- 9.13.1.** As a part of credentials authentication, documents shall be screened for authenticity and must be void of alterations.
- 9.13.2.** Program administrators shall screen for signatures, seals, notarization, and other official stamps as being original.
- 9.14.** An applicant invited to interview for a resident or fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. Information that is provided must include:
- Financial support
  - Vacations
  - Parental, sick, and other leaves of absence
  - Professional liability, hospitalization, health, disability, and other insurance accessible to residents/fellows and their eligible dependents



- 9.15. Personal interviews of applicants shall be conducted by at least two (2) faculty members assigned to the program.
  - 9.15.1. These interviews should be documented for the residency program files and be retained for the period determined by MSM management policies.
  - 9.15.2. These interviews also become a permanent part of a selected applicant's file.
- 9.16. If telephone interviews are performed, the same standards and documentation criteria must be used to record the interview.
- 9.17. In MSM programs, the applicant's credentials and the faculty interview summary are formally presented to the Residency Program Advisory Committee (RAC) or equivalent.
- 9.18. A faculty consensus is formed on the selections for entry into the NRMP Rank Order Listing or for departmental selection for those positions not placed in the match (i.e.: PGY-2).
- 9.19. Final disposition for applicant selection and ranking is done by the residency program director and/or department chairperson.

**X. NON-IMMIGRANT APPLICANTS TO RESIDENCY PROGRAMS:**

- 10.1. MSM supports the AAMC recommendation that the J-1 Visa is the more appropriate visa for non-immigrant International Medical School Graduates (IMGs) seeking resident positions in MSM-sponsored programs (Reference: AAMC Legislative and Regulatory Update, October 15, 1993).
- 10.2. All IMGs shall provide a current (stamped indefinite) certificate of proof of meeting the Educational Commission for Foreign Medical Graduates (ECFMG) requirements for clinical proficiency.
- 10.3. The Exchange Visitor Program is administered by the United States Department of State.
  - 10.3.1. The ECFMG is the sponsoring institution for alien physicians in GME programs under the Exchange Visitor Program.
  - 10.3.2. Applicants may be considered for selection by the residency/fellowship program based on their academic qualifications and eligibility for sponsorship by the ECFMG.
  - 10.3.3. The MSM Human Resource (HR) and GME offices are the school liaisons for processing applications for ECFMG sponsorship of non-immigrants for J-1 status.
- 10.4. Applicants seeking residency positions that have other non-immigrant status such as Transitional Employment Authorization Documents, Asylum status, etc., may need to seek legal counsel to effect entry into a residency program. This review will be coordinated through the MSM HR and GME offices along with the MSM-International Programs office for final determination.
- 10.5. The following visa categories are for international-born or -educated physicians applying to United States Graduate Medical Education programs:
  - 10.5.1. Consular processing of physician visas
    - 10.5.1.1. United States embassies/consulates require face-to-face interviews for all initial visa stamps and in some instances for the renewal of the same visa stamp.
    - 10.5.1.2. It can take several months for a person to receive an appointment at the embassy/consulate to apply for the visa stamp.
    - 10.5.1.3. Embassy/consulate security checks take about one (1) month.

**10.5.1.4.** If an applicant is selected for a security check in Washington, DC, then the process could take up to five (5) months.

**10.5.1.5.** After this process is started, no one can interfere.

**10.5.2.** The J-1 Exchange Visitor Visa

**10.5.2.1.** Sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG), this is the most common type of visa category used by institutions offering graduate medical education training (residency or fellowships) to international medical graduates (IMGs).

**10.5.2.2.** IMGs who seek to obtain this type of visa must first apply to the ECFMG for certification.

**10.5.2.3.** ECFMG offers the USMLE exams and is the sponsoring organization providing assurance to residency programs that the candidates meet defined qualifications equivalent of a United States medical degree. See [www.ecfm.org](http://www.ecfm.org).

**10.5.2.4.** IMGs applying to residency programs requiring the J-1 Visa must contact the specific residency program and the Office of Graduate Medical Education where they have been accepted in a program to coordinate the J-1 Visa sponsorship with the ECFMG. ECFMG will issue the visa document (DS-2019) after the institution submits the individual's application to ECFMG.

**10.5.2.5.** An ECFMG Certificate is not required if the physician is a graduate of a Canadian or United States medical school. Canadian medical school graduates must have passed the equivalent Canadian medical licensing exam.

**10.5.2.6.** An ECFMG Certificate is not required for physicians who are graduates of LCME-accredited schools in Puerto Rico.

**10.5.2.7.** A visa is required if the physician is not a United States citizen or permanent resident of the United States.

**10.6.** Summary of J-1 Visa for IMGs

**10.6.1.** SEVIS fee must be paid by the accepted applicant prior to the United States embassy interview in the applicant's home country.

**10.6.2.** Applicant is responsible for the annual application process and the corresponding fee.

**10.6.3.** J-2 dependents must enter with their own DS-2019.

**10.6.4.** The visa provides possible tax advantages (for a limited period of time).

**10.6.5.** The visa is recognized and accepted by most institutions for IMG residency training.

**10.6.6.** The applicant's spouse may seek work permission while in the United States (must process USCIS Form I-765 after entry into the United States).

**10.6.7.** The applicant must receive J-1 Visa status while in his or her home country; it is strongly recommended that status change does not occur in the United States.

**10.6.8.** The visa has a mandatory two-year foreign residency requirement (Section 212[e]) for all IMGs attending graduate medical education programs in the United States at the completion of training.

**10.6.9.** Obtaining a waiver of the foreign residency requirement is both troublesome and costly.

**10.6.10.** The visa may be extended only for Board Certification; during this time, the J-1 visitor

cannot work.

- 10.6.11.** The DS-2019 (J-1 application) is renewed yearly with a seven- (7) year limit or length of residency program, whichever comes first.
- 10.6.12.** The J-1 Exchange Visitor may enter the United States 30 days prior to the start of the J-1 Visa and cannot be paid prior to the start date. The J-1 visitor must NOT enter the United States 30 days AFTER the start date listed on form DS-2019.
- 10.6.13.** After the J-1 period ends, the exchange visitor has 30 days to exit the United States and cannot work during this “grace period.”
- 10.6.14.** Moonlighting is not permitted under this visa status.
- 10.6.15.** It is very difficult to process J-1 Visa applications to non-accredited residency/fellowship programs. The ECFMG uses the ACGME’s Green Book for reference of accredited programs and their program duration.
- 10.6.16.** The J-2 visa status is acceptable for Graduate Medical Education training at Morehouse School of Medicine (MSM) but can create problems since the J-2 depends on the J-1 Visa primary holder. The J-2 must have a valid EAD card and must also maintain the EAD card.

**XI. RESIDENT APPOINTMENTS:**

- 11.1.** Prior to appointment to the program, applicants, must be provided with information that describes the program’s current accreditation status, aims, educational objectives, and structure.
- 11.2.** Morehouse School of Medicine resident appointments shall be for a maximum of 12 months from July to June, year to year.
  - 11.2.1.** At MSM, a “resident appointment” is defined as a non-faculty position granted to an individual based on his or her academic credentials and the meeting of other eligibility criteria as stated in MSM and residency program policies and standards.
  - 11.2.2.** This position is also that of a “physician in training.”
- 11.3.** Resident appointments are managed by the Graduate Medical Education Office on behalf of the Senior Vice President for Academic Affairs and are processed by the Human Resources Department (HRD).
- 11.4.** Residents may enter the residency program at other times during a given Post-Graduate Year (PGY) but must complete all requirements according to the structure of the program.
  - 11.4.1.** This usually means completing the PGY-1 year from the date the resident started.
  - 11.4.2.** There are no provisions for “shared” or “part-time” positions in MSM residency programs.
- 11.5.** A selected applicant must be formally offered a position in the residency program. A written agreement shall be entered into between the applicant and Morehouse School of Medicine (MSM).
  - 11.5.1.** This agreement signed by the residency program director and department chairperson shall constitute a recommendation to the dean for an academic non-faculty appointment.

- 11.5.2.** Approval of the selection shall be by the Director of Graduate Medical Education as the dean's designated approval authority.
- 11.6.** Residents shall not perform any clinical duties until they:
  - 11.6.1.** Are processed through the MSM Human Resources Department and officially become a part of the MSM personnel system; and
  - 11.6.2.** Have obtained a Georgia Temporary Resident Postgraduate Training Permit or possess a permanent physician's license.
- 11.7.** References to support this policy including the Resident Appointment Agreement are available in the GME Office and website at <https://www.msm.edu/Education/GME/index.php>.