

**ACCEPTANCE OF OFFER
CLINICAL FACULTY
2011 - 2012**

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 my clinical discipline in this State and in 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 practitioner 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 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 have, and shall maintain throughout the term of this appointment, an unrestricted license to practice my clinical discipline 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, should this be required.

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satisfy the above requirements, I understand that this letter of offer will automatically be null, void, and is deemed rescinded.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: _____
(Name of Candidate)

Date: _____