

**[INSERT DATE – allow enough time for review and to route for signatures]**

**[FIRST LAST NAME, MD/DO/PhD  
STREET ADDRESS  
CITY, STATE, ZIP]**

Dear Dr. **[LAST NAME]**:

It is our pleasure to offer you an appointment as **[RANK]** in the Department of **[DEPARTMENT]** at the University of South Alabama (“USA”), and employment as a **[TRACK: Clinician, Educator, or Investigator]** at USA Health. **[IF APPLICABLE: You will receive (number) years [note that University maximum credit is three] credit for prior academic service.]** This appointment to the USA faculty and employment with USA Health is subject to **[FOR FOREIGN PHYSICIANS WITH IMMIGRATION ISSUES TO ADDRESS, INSERT: your being able to secure proper work authorization from the United States Citizen and Immigration Service (“USCIS”) and]** 0 7 . 2 8

**[FIRST LAST NAME, MD/DO/PhD]**

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**[IF APPLICABLE:** After execution of and pursuant to the terms and conditions of the Physician Employment Agreement, USA Health will pay you a

*{If space allows, move signature lines up to second page}*

**[FIRST LAST NAME, MD/DO/PhD]**

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G. Owen Bailey, MHA, FACHE  
Chief