

PROVIDENCE SACRED HEART MEDICAL CENTER
Residency Appointment Contract 2026-2027

Providence Sacred Heart Medical Center (“PSHMC”) and Providence Medical Group (“PMG”) offer you an appointment as a R-1 resident in **Psychiatry Residency Spokane** for a period beginning July 6, 2026 and ending July 4, 2027. You will receive a salary of *\$70, 190.38 for the period of the appointment to assist you in offsetting the costs of your graduate medical education. The salary will be paid in accordance with the payroll schedule of your employer, PMG. When less than a month is worked, the salary for that month will be computed at a daily rate according to the participating institution's payroll policies and based on the salary rate in effect at that time.

The conditions of your appointment to and participation in the Residency Program are described in the Residency Appointment Agreement, attached. Revisions and updates to the Residency Appointment Agreement must be reviewed by the Graduate Medical Education Committee (GMEC) which includes resident members. All residents will be informed of revisions or updates to the Residency Appointment Agreement. PSHMC and PMG agree to abide by the terms of the Residency Appointment Agreement and acknowledge their ethical and legal obligations to fully perform their duties under the Agreement. Additional clarification of residency-specific program and certifying board requirements can be obtained from your Program Director.

RICHARD CARLSON, JR, MD
Residency Program Director

TERRI LEWIS, MD
Providence Sacred Heart Medical Center
Designated Institutional Official

I agree to accept a position as a R-1 resident in **Psychiatry Residency Spokane** effective for a period beginning July 6, 2026 and ending July 4, 2027. I further agree to abide by the rules and regulations of PSHMC, PMG and participating hospitals during the course of my training. I have read and agree to abide by the Residency Appointment Agreement attached hereto and will keep current and abide by any revisions or updates to the Agreement. Any revisions or updates will be incorporated into this appointment and be effective as of the date of the revision or update. I acknowledge my ethical and legal obligations to fulfill this appointment until its expiration date except in the case where I am unable to do so because of incapacity or other circumstances beyond my control. I further agree that I will not terminate this appointment prior to its expiration date without providing the Residency Program with the opportunity to discuss freely with me any differences, dissatisfaction or problems that may exist.

I agree to submit to drug testing consistent with the employment policies of PSHMC, PMG and the participating hospitals. I further agree that continuation of this contract will be dependent upon the fulfillment of the stated responsibilities and evaluation of performance by residency faculty. I acknowledge that I have disclosed to PSHMC and PMG all investigations and convictions of me relating to drug-related crimes, assaults, abuse, Medicare-Medicaid Healthcare-related crimes, and medical malpractice. Failure to truthfully disclose such information may be grounds for my termination from the Residency Program. Additionally, misrepresentation to PSHMC or PMG of material information in regard to my medical training is also grounds for dismissal from the Residency Program.

Date

RESIDENT NAME, CREDENTIALS

*Salary: This amount reflects the compensation proposed in the upcoming budget. Your updated salary will be provided following our yearly budgetary process that occurs each May.

PSHMC GMEC Residency Appointment, Institution No.: 800540072, Approved RTL 12/31/14. Determine_