Template for Non-Renewal of Contract Letter
(replace the blue text with individualized language; print copies for file and for the resident)

Date:

Dear Dr.__________:

It is with regret that we must inform you that your contract for your next year of training will not be renewed. Information regarding the non-renewal of contract, and your responsibilities and rights, are detailed in the paragraphs below. Relevant policies, which you received when you began your training here, are attached.

1. Reasons for the non-renewal of contract: (detail failures, communications and dates); Examples:
   - You have been documented to arrive up to 2 hours late at your clinical assignments, despite verbal counseling by your attending during the rotation, by the site supervisor at the midpoint of the rotation, and by the program director in a letter dated ______.
   - Your patient histories and physicals have been noted to contain errors of fact on several occasions, and these were communicated to you in your monthly evaluation for November, ____.
   - The program requires that you prepare an academic presentation during your PGY-3 year and, despite verbal counseling by your advisor and the program director, and a written warning dated ______, you have not complied with this requirement.

2. Implications of the non-renewal of contract:

The Texas Medical Board (TMB) will be notified of this action; a letter will be sent by the Program Director.

Within the training program, you will be placed on a non-patient care rotation until the completion of the current contract year on date.

3. Your rights: You may contact the Vice Dean for Graduate Medical Education, Dr. Woodson S. Jones, to discuss your non-renewal. He can be reached at 567-4511 or via email at jonesw3@uthscsa.edu. The institutional policy addressing termination or non-renewal, Policy on Resident Grievance and Due Process, is attached.

We will be available to discuss this matter with you further. You are requested to sign at the end, to signify that you have received a copy of this letter.

Sincerely,

Program Director ___________________________  Chair ___________________________

__________________________
I have received a copy of this letter and attachments.

Resident ________________________________ Date ________________________________

Attachments:
  Program-specific policies (if relevant)
  Institutional policy: Policy on Resident Grievance and Due Process
CC: Graduate Medical Education Office