UC San Diego
HEALTH SCIENCES

Acceptance of Appointment by:

Benjamin Franklin Pierce, M.D.

I hereby acknowledge and accept appointment to UC San Diego Health Sciences:

Department of *Training Program*

as a **Resident Physician (RP/FELX)** at for the period:

July 1, 201X through **June 30, 201X.**

_____   _____
Signature   Date

1. Lab Coat (provided by UCSD Medical Center) Orders for New Appointee

☐ I would like to order lab coats

☐ I do not wish to order lab coats

Women Sizes			Men's Regular			Men's Long	
☐2	☐8	☐14	☐34	☐42	☐52	☐42	☐50
☐4	☐10	☐16	☐36	☐44	☐54	☐44	☐52
☐6	☐12	☐18	☐38	☐46	☐56	☐46	☐54
			☐40	☐48		☐48	☐56

2. Do you have a California Medical License?   ☐ Yes ☐ No

_____   _____
CA Medical License   Expiration/Due Date

➔**Provide a copy of your current wallet sized certificate**

3. Do you have a DEA Certificate?   ☐ Yes ☐ No

_____   _____
DEA Certificate   Expiration Date

➔**Provide a copy of your certificate.**

Authorized to prescribe the following schedules of controlled drugs: ☐ **ALL listed or** check applicable:

☐ 2   ☐ 2N   ☐ 3   ☐ 3N   ☐ 4   ☐ 5