

# Resident Employment Contract Review Stipend

We know how complex it is to be a graduating resident and we want to help you make your transition to practicing full-time family medicine as easy as possible. Putting our money where our mouth is, the Ohio Academy of Family Physicians is providing member residents with financial support to have your Ohio employment contract reviewed by an attorney of your choosing—it's our way to say thank you for making the health of all Ohioans primary!

## Qualifications and Stipulations

The OAFP will support a maximum of 25 OAFP member residents with financial support to cover half of the cost of a legal Ohio employment contract review (not to exceed \$400 per resident) with proof of a valid receipt from your attorney and completed stipend request form.

Financial support is available only to OAFP resident members who will be practicing in Ohio, provided on a first come, first served basis, and is limited to two residents per residency program per calendar year.

Please send completed request form and proof of valid receipt to Director of Membership Emily Pavoni by emailing [epavoni@ohioafp.org](mailto:epavoni@ohioafp.org) or faxing (614) 267-9191.

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*Please complete the following to request your stipend:*

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Residency Program: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

## Ohio Employer

Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Law Firm

Contact Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Total Cost of Legal Contract Review (*attach valid receipt*): \_\_\_\_\_