

Exhibit B



EMC Health Foundation Salary
Supplement Application

Date of application: _____ Residency Year: PGY1 PGY2 PGY3

Name: _____

Last

First

Phone: (____) _____ Email: _____

Home Address: _____

Street

City

State

Zip

Funding Amount Requested: PGY 2 year (if applicable) \$ _____ (up to \$30,000)

PGY 3 year \$ _____ (\$40,000-\$70,000)

Total cannot exceed \$70,000 for both years

Describe your future practice plans, including your reason for commitment in the 19 zip codes **for at least 3 years following completion of residency:**

If you have in mind a specific practice location, please specify below:

I certify the above information is accurate to the best of my knowledge.

Signature: _____ Date: _____

APPROVAL OF RESIDENCY DIRECTOR

Based on this employee's performance and work evaluation, I recommend this applicant for a Stanislaus Health Foundation / EMC Health Foundation grant

Date: _____

Signature and Title

Daniel Diep, MD
Valley Consortium of Medical Education
Grant #7000-20
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DISPOSITION OF REQUEST

Request Approved: Amount \$ _____ Request Denied _____

VCME Director of Finance and
Administration

Date

Return application to
jennifer1.williams@tenethealth.com

EXHIBIT A

COMMUNITY SERVICE AREA

The **EMCHF Service Area** consists of the following 19 Zip Codes:

ZIPS	Community
95380	Turlock
95382	Turlock
95315	Delhi
95334	Livingston
95324	Hilmar
95316	Denair
95363	Patterson
95307	Ceres
95301	Atwater
95360	Newman
95326	Hughson
95388	Winton
95328	Keyes
95322	Gustine
95381	Turlock
95374	Stevinson
95358	Modesto
95303	Ballico
95313	Crows Landing