

**REQUEST TO EXEMPT CERTAIN INCOME FROM ASSIGNMENT UNDER
MEMBER PRACTICE AGREEMENT**

Name:

Date:

Department:

Current FTE with UNSOM:

Description of Compensation – Please be specific

Date(s) compensation will be earned (if ongoing, describe the nature of the ongoing payments):

How will the compensation be earned (e.g. speaking engagement, practice at a particular location):

Please list all services that will be performed related to annual compensation for which exemption is sought:

Describe payment method (e.g. flat fee, hourly payment):

Who will be paying the compensation?

Estimate of the amount of annual compensation for which exemption is sought:

Describe reasons why exemption is sought - please provide detail:

Please attach documents related to exemption request

This includes: Contracts; letters of agreement; engagement letters; memoranda of understanding; payment schedules; advertising materials; and other relevant materials

Department Chair Addendum Completed:

Yes

No

Acknowledgements:

By completing this form I acknowledge:

1. Under the Member Practice Agreement all Service Income is assigned to University of Nevada School of Medicine Integrated Clinical Services, Inc. dba University Health System ("UHS") unless an exemption is granted, in writing, by the Dean of the University of Nevada School of Medicine/Vice President of Health Sciences and President of UHS (the "Dean")
2. There is no requirement that the Dean or UHS grant any exemption request.
3. The decision to grant an exemption is in the sole discretion of the Dean and any such decision is final and non-appealable.
4. Support of the Department Chair may support a request for an exemption, but is not a guarantee that an exemption will be granted and in no way binds the Dean, UHS or UNSOM.
5. Only Service Income expressly exempted from assignment may be retained by Member.
6. The Member is responsible for maintaining a copy of a written decision approving an exemption request.
7. UHS may revoke any exemption granted upon thirty (30) days written notice to Member.
8. Any exemption granted is based on complete, open and honest information being provided by the Member. If a Member misrepresents and/or omits any material information when seeking an exemption, any exemption granted may be rescinded (cancelled effective the date the exemption was originally granted) by UHS. UHS may then enforce its right to assignment against the Member.
9. This Exemption request is governed by the Member Practice Agreement including, but not limited to the choice of law and dispute resolution procedures therein.

All information herein is true and correct to the best of my knowledge. I have not misrepresented or omitted any material information.

Member:

Date:

Print Name

(Please return completed form to Senior Associate Dean for Legal Affairs or Assistant General Counsel)

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Department Chair Addendum

Name:

Date:

Department:

What competitive effects would the Member’s request have on your department and ICS if granted:

Please identify the Member’s Teaching and other Service responsibilities:

Please identify the impact of the requested exemption on Member's Teaching and other Service responsibilities:

Other comments on Member's request (optional):

Department Chair:

Date:

Print Name

(Please return completed form to Senior Associate Dean for Legal Affairs or Assistant General Counsel)