

# 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 Medicine**

as a **Resident Physician (RP/FEL4)** at for the period:

**July 1, 2013 through June 30, 2014.**

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	
<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 14	<input type="checkbox"/> 34	<input type="checkbox"/> 42	<input type="checkbox"/> 52	<input type="checkbox"/> 42	<input type="checkbox"/> 50
<input type="checkbox"/> 4	<input type="checkbox"/> 10	<input type="checkbox"/> 16	<input type="checkbox"/> 36	<input type="checkbox"/> 44	<input type="checkbox"/> 54	<input type="checkbox"/> 44	<input type="checkbox"/> 52
<input type="checkbox"/> 6	<input type="checkbox"/> 12	<input type="checkbox"/> 18	<input type="checkbox"/> 38	<input type="checkbox"/> 46	<input type="checkbox"/> 56	<input type="checkbox"/> 46	<input type="checkbox"/> 54
			<input type="checkbox"/> 40	<input type="checkbox"/> 48		<input type="checkbox"/> 48	<input type="checkbox"/> 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