

Documentation of Moonlighting

Resident's Attestations (to be completed by Resident)		
Name:	Program:	Date:
My responsibilities in the moonlighting circumstance - including dates, location, nature of the clinical work, and whether the moonlighting is Department-sponsored or independent - are as follows:		
Dates of Moonlighting:		No. of shifts per month:
No. of hours per shift:	Time shift begins:	Time shift ends:
Name and Address of Location:		
Is this location a site of a rotation in your program?		Nature of clinical work:
Yes:	No:	
	I understand that moonlighting cannot be done during duty hours (0800-1800 hours) unless I take <u>approved</u> PTO (Resident to initial at left).	
	I am in possession of a current license permitting unsupervised, independent medical practice in the state where the moonlighting will occur (Resident to initial at left).	
	I am in possession of a personal DPS certificate (Resident to initial at left).	
	My total work hours including residency and all moonlighting activities will not exceed 80 hours per week, averaged over 4 weeks. I will enter my hours in New Innovations (Resident to initial at left).	
	I am not on Probation (Resident to initial at left).	
	I am not on a visa (Resident to initial at left).	
State and State Medical License No. and Expiration Date:		
DPS certificate No. and Expiration Date:		
Professional Liability Carrier:		
Date:	Resident's signature:	
Program Director's Attestations (initial beside each item; all items must be initialed for the Resident's moonlighting to be approved)		
	The moonlighting workload is such that it does not interfere with the ability of the Resident to achieve the goals and objectives of the GME Program.	
	The moonlighting opportunity does not replace any part of the clinical experience that is integral to the Resident's training program.	
	The Resident is licensed for unsupervised, independent medical practice in the state where the moonlighting will occur.	
	The Resident is not on Probation.	
	The Resident is not on a visa.	
	The total hours in the combined educational Program and the moonlighting commitment must not exceed the limits set by the Program or the Residency Review Committee.	
	I approve of the moonlighting work as outlined above.	
Date:	Program Director's signature:	
Date	GMEC Approval:	