

Moonlighting Documentation

Resident's Attestations (to be completed by resident)		
Name:	Program:	Date:
The responsibilities in the moonlighting circumstance - including dates, location, nature of the clinical work, and whether Department-sponsored or independent - are as follows:		
	I understand that moonlighting cannot be done during regular duty hours unless I take <u>approved</u> vacation leave (<i>resident to initial at left</i>).	
	I am in possession of a current license permitting unsupervised, independent medical practice in the state where the moonlighting will occur (<i>resident to initial at left</i>).	
	This moonlighting activity will not violate any of the ACGME or specialty-specific Duty Hours Standards (<i>resident to initial at left</i>).	
	I am not on probation or administrative status (<i>resident to initial at left</i>).	
	I have professional liability insurance (<i>resident to initial at left</i>).	
License No.:		
Professional Liability Carrier:		
Date:	Resident's signature:	
Program Director's Attestations (initial beside each section – all must be initialed for 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 or administrative status.	
	I approve of the moonlighting work as outlined above.	
Date:	Program Director's signature:	

This written documentation of moonlighting activity is filed with resident records and is available for GME Committee monitoring.