

Moonlighting During a Public Health Emergency

Resident's Attestations (to be completed by resident)		
Name:	Program:	Date:
Provide a brief description of the moonlighting circumstance - including frequency, location, nature of the clinical work, and whether Department-sponsored or independent. The time spent moonlighting during a public health emergency must not exceed past moonlighting frequency and cannot be in a training capacity (i.e., 20% in core specialty training)		
	I understand that Moonlighting during a public health emergency is suspended.	
	I am requesting permission to continue moonlighting due to severe personal financial hardship. (not applicable if the request is due to critical service need)	
	I am requesting permission to moonlight in support of a critical clinical service	
	This moonlighting activity will not violate any of the ACGME or specialty-specific Duty Hours Standards.	
	I will follow all institutional and program policies as during normal circumstances.	
Date:	Resident's signature:	
Program Director's Attestation:		
	The resident/fellow is willing to offer volunteer time, if applicable, in their core specialty if required for public health emergency response.	
Date:	Program Director's signature:	
Department Chair's Attestation:		
	This moonlighting request meets a critical service need. (not applicable if the request is due to severe personal financial hardship)	
Date:	Department Chair's signature:	
Date:	Designated Institutional Official's signature:	

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