

APPROVAL FOR RESIDENT MOONLIGHTING

(This form must be completed prior to commencing moonlighting activity)

TO BE COMPLETED BY RESIDENT

(Residents must abide by the terms of their Program’s Moonlighting Policy. Moonlighting activity not approved by the Program Director may result in disciplinary action against the resident for failure to complete this form).

Please check type of activity you will be performing:

External Moonlighting – professional activity **that is outside the course and scope of your educational program, and takes place at a hospital/clinic that is not a participating institution for your program.** You must have professional liability insurance coverage that either you or the entity hiring you for moonlighting service has purchased. **You are not covered by your UT System professional liability insurance for this work** and you are not supervised by an attending. You must have a full Texas medical license. **The hours worked COUNT towards Duty Hours.** PGY-1 residents are not allowed to moonlight under this scenario.

Internal Moonlighting – professional activity **that is outside the course and scope of your educational program, and takes place at a participating institution for your program.** You must have professional liability insurance coverage which either you or the entity hiring you for moonlighting service has purchased. **You are not covered by UT System professional liability insurance for this work** and you are not supervised by an attending. You must have a full Texas medical license. **The hours worked COUNT towards Duty Hours.** PGY-1 residents are not allowed to moonlight under this scenario.

Extra Call for Extra Pay – professional **activity that in the same specialty as the training program or approved by the program director as a training area related to the specialty; is in compliance with the training requirements established by an approved accrediting body, including but not limited to requirements for faculty supervision and work hour limitations; occurs under the direction of a faculty member that is associated with the training program; and is provided only at a participating institution for your program.** Your UT System professional liability insurance covers this activity. You are supervised by an attending and this activity can be done with a physician in training permit. **The hours worked COUNT towards Duty Hours.** PGY-1 residents are not allowed to moonlight under this scenario.

Name of Resident: _____ PGY Level: _____

Moonlighting Facility & Service: _____
(A new form must be completed for each facility)

Address of Facility: _____ Phone Number: _____

Dates and Hours of Proposed Moonlighting: _____

OR
Maximum Number of Hours of Moonlighting: _____/week or _____/month

Description of Moonlighting Activity: _____

Signature of Resident _____ Date _____

For External and Internal Moonlighting:
Texas Medical License # _____
Required Attachments: 1. Professional Liability Insurance in your own name; 2. Federal Drug Enforcement Agency (DEA) Certificate

TO BE COMPLETED BY PROGRAM DIRECTOR (please check):
I approve the above request for:
____ External moonlighting. Maximum number of hours: _____/month
____ Internal moonlighting. Maximum number of hours: _____/month
____ Extra call for extra pay. Maximum number of hours: _____/month

____ This resident is in good standing _____ This resident does not hold a J-1 visa
(Residents/Fellows on J-1 visas cannot moonlight under the terms of their visa)
Program Director Comments: _____

Signature of Program Director _____ Date _____

GME OFFICE REVIEW: _____ Date: _____

A copy of this form must be sent to the GME Office (JJL 310) prior to commencement of any moonlighting.