



REQUEST FOR APPROVAL TO MOONLIGHT

PLEASE TYPE OR PRINT (Incomplete or illegible forms will be returned to you)

Resident/Fellow Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Director: \_\_\_\_\_

Site and Times of Activity: \_\_\_\_\_

Estimated number of hours per block and proposed schedule: \_\_\_\_\_

Beginning and End Dates of Approval: \_\_\_\_\_

Approval expires on June 30<sup>th</sup>. A new request must be submitted for each academic year.

MUST be approved by the Program Director prior to commencement of duties. The performance of the resident/fellow will be monitored by the Program Director and the Clinical Competency Committee for the effect of moonlighting activities on the resident's/fellow's training, and any adverse effects may lead to withdrawal of permission. **Moonlighting is not permitted for PGY1 level trainees or holders of a J-1 Training Visa.**

**The resident/fellow must initial each of the following criteria for moonlighting:**

\_\_\_\_\_ The resident/fellow named above has a permanent medical license, if moonlighting outside of Carilion Clinic.

\_\_\_\_\_ Adequate malpractice/liability coverage is obtained if moonlighting outside of Carilion Clinic.

\_\_\_\_\_ The resident has appropriate training skills to carry out assigned duties.

\_\_\_\_\_ The total number of hours worked, including moonlighting in primary program and/or sponsoring institution and the participating institution do **NOT** exceed 80 hours per week, averaged over a four week period.

\_\_\_\_\_ **Residents performing any moonlighting must record all hours (regular program hours and moonlighting hours in MedHub).**

Signature of Resident/Fellow: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The above moonlighting hours as defined above in our program and/or participating institution have been included in the 80 hour/week limit for the resident.**

Signature of DIO: \_\_\_\_\_ Date: \_\_\_\_\_