

MOONLIGHTING REQUEST FORM – Appendix to Policy B-407

Fellow Disclosure and Request for Approval of Moonlighting Activities

Section I: Description of Proposed Moonlighting

1. Fellow Name: _____

2. Fellowship Program: _____

3. Is the Fellowship Program ACGME or ABMS Approved? _____

4. Training Year: _____

5. List all participating training sites in fellowship program to determine if moonlighting is considered internal or external:

6. Specific description of the moonlighting activity:

7. Is the activity described in question 6 part of your fellowship training? _____

8. Name of institution/organization where moonlighting will take place:

9. Please indicate if the services will be rendered in inpatient or outpatient settings:
(Check one)

Outpatient only Inpatient and outpatient Inpatient only Other

10. Dates upon which moonlighting activities will commence _____ and end

11. Average number of moonlighting hours worked per week: _____

Fellow

Name: _____

Signature: _____

Fellowship Program Director

Name: _____

Signature: _____

Section II: Moonlighting Requirements

Please read and initial each of the below:

1. ___ I understand that the total number of hours to be worked in my moonlighting activities, together with the hours worked in my ACGME/ABMS educational program may not exceed the ACGME and GMEC guidelines for work hours. I understand that my Fellowship Program Director must approve the specific number of hours that I may engage in moonlighting activities per week.
2. ___ I understand that my Fellowship Program Director will monitor my performance for the effect of moonlighting activities on my performance in my training program. I understand that the Fellowship Program Director [or the Associate Dean for Graduate Medical Education] may withdraw permission for moonlighting activities at any time if they determine, in their sole discretion, that the moonlighting activity is having an adverse effect upon my educational program.
3. ___ I recognize that this activity is not an approved part of my educational program and that my participation in this activity is entirely voluntary.
4. ___ I understand that I will be covered under USC professional liability insurance for moonlighting activities at a USC facility. I understand that I am responsible for obtaining my own professional liability insurance for moonlighting activities at any location other than a USC facility.