

Internal Moonlighting Approval Form  
Residents

Training Program: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_ Program Director (print) \_\_\_\_\_

Name of trainee \_\_\_\_\_ PGY level \_\_\_\_\_  
\_\_\_\_\_ Resident

I request approval to moonlight to begin on \_\_\_\_\_ (date)

At \_\_\_\_\_ (site)

The moonlighting activity will be the following: \_\_\_\_\_  
\_\_\_\_\_

The estimated average number of hours per week that I will moonlight is \_\_\_\_\_.  
It will not be more than \_\_\_\_\_ hours per week.

I understand the following:

- ACGME requires Program Director pre-approval of all Moonlighting activity.
- Internal moonlighting is defined as extra work for extra pay performed at a site that participates in my training Program.
- All moonlighting is voluntary.
- All internal moonlighting must be documented in my rotation schedule and comply with the UCSF Institutional and Programmatic Duty Hours policy as well as my training program's Duty Hours policy.
- This activity is not to interfere with my training, including my learning and/or patient care. If it contributes to undue fatigue, I will cease all internal moonlighting activities.
- There will be a periodic review of my training performance, and if it is less than expected, permission to moonlight will be withdrawn.
- I am not to function as an independent practitioner during this activity. I will not function above my level of training or without my usual faculty supervision.
- Any resident who moonlights without permission will be subject to disciplinary action.

The following identifies the contact information for the location at which I plan to moonlight. I will obtain prior approval for any changes in location, activity or hours.

Supervisor's contact information: name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

By signing and dating this form, I acknowledge that I have carefully read and fully understand the foregoing regarding internal moonlighting activity.

Trainee signature: \_\_\_\_\_ date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ date: \_\_\_\_\_

Note: There is a different Internal Moonlighting form for ACGME fellows. See definition in policy; form is at <http://www.medschool.ucsf.edu/gme>.

approved: GMEC 9/20/04

Internal Moonlighting Approval Form  
ACGME fellows

Training Program: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_ Program Director (print) \_\_\_\_\_

Name of trainee \_\_\_\_\_ PGY level \_\_\_\_\_  
\_\_\_\_\_ ACGME fellow

I request approval to moonlight to begin on \_\_\_\_\_ (date)

At \_\_\_\_\_ (site)

The moonlighting activity will be the following: \_\_\_\_\_  
\_\_\_\_\_

The estimated average number of hours per week that I will moonlight is \_\_\_\_\_.  
It will not be more than \_\_\_\_\_ hours per week.

I understand the following:

- Internal moonlighting is defined as extra work for extra pay performed at a site that participates in my training Program.
- All moonlighting is voluntary.
- All internal moonlighting must be documented in my rotation schedule and comply with the UCSF and Programmatic Duty Hours policy.
- This activity is not to interfere with my training, including my learning and/or patient care. If it contributes to undue fatigue, I will cease all internal moonlighting activities.
- There will be a periodic review of my training performance, and if it is less than expected, permission to moonlight will be withdrawn.
- I must submit a completed "Professional Services Agreement for Moonlighting by ACGME Clinical Fellows" form attached to this approval form.
- As an ACCGME fellow moonlighting at a UCSF site, it must be outside my training program and not in an "inpatient" setting.
- Any ACGME fellow who moonlights without permission will be subject to disciplinary action.

The following identifies the contact information for the location at which I plan to moonlight. I will obtain prior approval for any changes in location, activity or hours.

Supervisor's contact information: name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

By signing and dating this form, I acknowledge that I have carefully read and fully understand the foregoing regarding internal moonlighting activity.

Trainee signature: \_\_\_\_\_ date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ date: \_\_\_\_\_

Note: There is a different Internal Moonlighting form for Residents. See definition in policy; form is at <http://www.medschool.ucsf.edu/gme>. \* If fellow is moonlighting as a resident or fellow with faculty supervision, contact the Dean's Office, GME regarding which form to use.  
approved: GMEC 9/20/04

External Moonlighting Approval Form  
Residents and ACGME fellows

Training Program: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_ Program Director (print) \_\_\_\_\_

Name of trainee \_\_\_\_\_ PGY level \_\_\_\_\_

\_\_\_\_\_ Resident

\_\_\_\_\_ ACGME fellow

I request approval to moonlight to begin on \_\_\_\_\_ (date)

At \_\_\_\_\_ (site)

The moonlighting activity will be the following: \_\_\_\_\_

\_\_\_\_\_

The estimated average number of hours per week that I will moonlight is \_\_\_\_\_.

It will not be more than \_\_\_\_\_ hours per week.

I understand the following:

- ACGME requires Program Director pre-approval of all moonlighting activity.
- External moonlighting is defined as work for pay performed at a site that does not participate in my training Program.
- All moonlighting is voluntary.
- All external moonlighting must be documented in my rotation schedule (including days, hours, and location) in order to comply with Medicare reimbursement requirements for GME.
- This activity is not to interfere with my training, including my learning and/or patient care. If it contributes to undue fatigue, I will immediately cease all external moonlighting activities.
- There will be a periodic review of my training performance and if it is less than expected, permission to moonlight will be withdrawn.
- I understand that while engaged in external moonlighting, I am not covered under the University's professional liability insurance program because I am acting outside the scope of my training Program and my University employment. I am responsible for obtaining my own professional liability insurance coverage (either independently or through the entity for which I am moonlighting).
- Any resident or ACGME fellow who moonlights without permission will be subject to disciplinary action.

The following identifies the contact information for the location at which I plan to moonlight. I will obtain prior approval for any changes in location, activity or hours.

Supervisor's contact information: name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

By signing and dating this form, I acknowledge that I have carefully read and fully understand the foregoing regarding external moonlighting activity.

Trainee signature: \_\_\_\_\_ date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ date: \_\_\_\_\_

Note: There is a different Internal Moonlighting form for Residents. See definition in policy; form is at <http://www.medschool.ucsf.edu/gme>.

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