

Moonlighting Request Form

Nova Southeastern University
Dr. Kiran C. Patel College of Osteopathic Medicine
Office of Graduate Medical Education

Instructions:

- Complete and turn in this form and all requested documentation to your Program Coordinator to request approval for Moonlighting.
- All required paperwork must be submitted at least 14 days prior to the next program Clinical Competency Committee to be included on that meeting agenda.
- Approval must be received before any moonlighting hours are worked.

Trainee Name: _____ Program: _____

Request Date: _____ Training Year: _____

1. Requested Moonlighting activity:

Employer: _____ Frequency/Date(s): _____ Shift(s) Start & End Time: _____ Total Hours: _____

2. What rotation(s) are you assigned during this time?

Rotation name(s): _____ Dates: _____

Additional Requirements:

- I understand I am not required to moonlight.
- I understand I must have written approval prior to any moonlighting activity.
- I am currently fully licensed in the state in which I am applying to moonlight (**attach full medical license**).
- If required and not provided by the organization offering moonlighting, I currently hold a non-exempt DEA certificate (**attach DEA certificate**).
- If not provided by the organization offering moonlighting, I have private malpractice coverage for moonlighting (**attach proof of insurance**).
- I understand moonlighting is not permitted during normal patient care hours at the clinic, during in-house call rotations, during clinic call/weekend rounding shifts, nor should moonlighting take precedence over other scheduled duties.
- I understand my moonlighting privileges may be withdrawn at any time.

- I have read the NSU-KPCOM GME *Moonlighting Policy* and my *Program’s Moonlighting Policy* and agree to abide by them.
- I will log all moonlighting hours in the KPCOM GME Duty Hours module. The assignment named “Moonlighting” will be used when documenting the hours.
- The requested moonlighting hours will not cause me to exceed the ACGME 80-hour duty hour restriction.

 Trainee Signature

 Date

To be completed by Program Coordinator prior to forwarding to Program Director:

- Requested moonlighting hours are in compliance with ACGME requirements (Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting). _____ (staff initials)
- Requested moonlighting hours do not conflict with clinic call shifts. _____ (staff initials)
- Requested documentation is attached:
 - Full Medical License _____ (staff initials)
 - DEA Certificate: Own _____ or Provided _____ (staff initials)
 - Malpractice Insurance: Own _____ or Provided _____ (staff initials)

Program Director and Clinical Competency Committee Approval:

- Approved
- Approved with the following limitations _____
- Not Approved (explanation) _____

 Program Director Signature

 Date

One Copy returned to resident
 One Copy placed in resident’s permanent file