REQUEST FOR APPROVAL TO MOONLIGHT
Outside TTUHSC, its Affiliates, or under non-TTUHSC Faculty

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

Resident Name: ____________________________
PGY Level: ____________________________
Program Name: ____________________________
Program Director: ____________________________
Chair of Department: ____________________________
Detailed Description of Activity: ____________________________
Site of Activity: ____________________________
Beginning/Ending Dates of Activity*: ____________________________
Anticipated Days/Hours Per Week of Activity: ____________________________
List any other moonlighting activities/sites for which you have been approved this academic year: ____________________________

Moonlighting requests will not be approved retrospectively. The end date for any moonlighting activities must not extend beyond the current academic year. Activities with open-ended dates, or end dates that extend beyond the current academic year, if approved, will only be approved through the end of the current academic year.

The Resident above must initial each of the following criteria for moonlighting and provide supporting documentation, where requested, prior to any moonlighting request being considered for approval:

_____ The resident named above has a permanent medical license and not a resident training license. (Attach copy of permanent medical license, DEA and DPS certificates)

_____ The resident has written agreement with site (Attach copy of moonlighting agreement with outside institution, including discussion of liability coverage)

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

_____ Total number of hours moonlighting in primary program and/or sponsoring institution and participating institution do NOT exceed 80 hours per week, averaged over a four-week period. Residents performing moonlighting must record all hours (regular and moonlighting hours).

_____ The resident has provided information for a contact at the site (including name, phone number, email, and US mailing address) who will be able to verify hours worked by the resident.

_____ The resident above must reapply for approval to participate in the moonlighting activities described above if he/she desires to continue to participate in said activities during the next academic year.

_____ The performance of the resident must be monitored by the Program Director for the effect of moonlighting activities on the resident’s residency training, and any adverse effects may lead to withdrawal of permission by the Program Director.
TOTAL NUMBER OF HOURS MOONLIGHTING PER WEEK, INCLUDING ALL MOONLIGHTING FOR WHICH YOU ARE APPROVED (ON AVERAGE)  

TOTAL NUMBER OF REGULAR PROGRAM DUTY HOURS PER WEEK (ON AVERAGE)  

Signature of Resident: ____________________________ Date: ____________

Signature of Program Director: ____________________________ Date: ____________

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

Signature of DIO: ____________________________ Date: ____________

Action: ____________________________