

**Moonlighting Activity Request**  
**2007-2008 Academic Year**  
 for

\_\_\_\_\_ (name)

The Accreditation Council for Graduate Medical Education establishes institutional requirements for teaching hospitals. One of the requirements is that Program Directors must monitor all moonlighting activities by residents. Each resident is required to submit a written request at the start of each academic year detailing the location and extent of moonlighting activity he/she would like to pursue. Subsequent changes in the location and/or frequency of planned moonlighting must be promptly communicated to the program director. The Program Director must approve each resident's request to moonlight and then monitor for any negative effects of this moonlighting on the resident's performance in the training program. Residents must obtain and furnish to the program director proof of liability insurance coverage for any moonlighting activity. See *Professional Activity Outside Training Program by Internal Medicine Residents Policy* for more details.

**Moonlighting Activity Request: 2006-2007 Academic Year**

<u>Moonlighting Location</u>	<u>Activity/Job Description</u>	<u>Average Hours Plan to Work (per week or per month)</u>	<u>Proof of Liability Coverage Provided</u>
1.			Yes No
2.			Yes No
3.			Yes No

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**Moonlighting Activity Request: 2007-2008 Academic Year (CONTINUED)**  
**For**

\_\_\_\_\_ (name)

	<u>Moonlighting Location</u>	<u>Activity/Job Description</u>	<u>Average Hours Plan to Work (per week or per month)</u>	<u>Proof of Liability Coverage Provided</u>
4.				Yes No
5.				Yes No
6.				Yes No