

GME House Staff **External** Moonlighting Request Form

Application Instructions

1. Complete application in its entirety and obtain Program Director signature. Any missing information may result in approval delay.
 2. Submit completed form to GME Office for processing by email to gmeoffice@houstonmethodist.org or hand delivery to HMAI R2-204.
- You are not approved to moonlight until you receive final approval from GME.

Personal Information

House Staff Name: _____ PGY Level: _____ Program: _____
 State: _____
 Medical License No: _____ Issued: _____ Expiration Date: _____
 DEA Certificate No: _____ Expiration Date: _____

Moonlighting Information

Separate from my responsibilities as a house officer at Houston Methodist, I request approval to be employed for the period of:

___/___/___ through June 30, 20___.

Approval is granted for only 12 months or less during a single academic year (July 1 to June 30)

Moonlighting Employer: _____
 Employer Address: _____
 Contact Person: _____
 Contact Phone No: _____ Contact Email Address: _____
 No. of shifts per month: _____ No. of hours per shift: _____
 Time shift begins: _____ Time shift ends: _____
 Is this location an approved rotation site in your training program: YES NO

Nature of Clinical Work: _____

Professional Liability Insurance **must provide copy of liability insurance*

Insurance Carrier: _____ Policy Number: _____
 Limits of Coverage: _____ Effective Date: _____

By signing below, I attest to the following:

- I understand that moonlighting cannot be done during duty hours (0800-1800 hours) unless I take approved PTO
- I am in possession of a current license permitting unsupervised, independent medical practice in the state where the moonlighting will occur
- I am in possession of a personal DEA (required for moonlighting outside sponsoring institution)
- My total work hours including clinical and all moonlighting activities will not exceed 80 hours per week, averaged over 4 weeks. I will enter my hours in New Innovations
- I am in good academic standing (not on Adverse Academic Action)
- I am not on a visa

Resident Signature: _____ **Date:** _____

Program Director Approval – Obtain before submitting to GME

With my signature, I attest to the following:

- approve this moonlighting activity,
- agree to monitor this house officer for the effect of this activity on his/her training performance, and
- may withdraw this permission if adverse effects are noted.

Program Director: _____ **Date:** _____

GME Approval

ACGME Designated Institutional Official or Designee **Date:** _____