USF GME - Moonlighting Privileges Request

July 1, 2017 – June 30, 2018

Achieving the goals and objectives of the educational program must be the highest professional responsibility of the house officer. Moonlighting is not a right, many programs do not allow moonlighting, and any moonlighting must be voluntary. Trainees requesting permission to moonlight must be a PGY 2 or higher, and must be in good standing.

By completing this form, I ______________________ [Print name], ______________________ [Program] attest to the following:

- I have read and understand the GME policies and procedures relating to duty hours and moonlighting, including the moonlighting policy, GME-208-A, and the ACGME requirements relating to moonlighting and duty hours, including hours free of duty requirements.
- I have received approval by both my Program Director and the Designated Institution Official PRIOR to beginning any moonlighting activity. *If moonlighting will occur at an affiliate site, additional documentation of moonlighting hours may be required. If not completed in a timely fashion, moonlighting privileges may be rescinded.
- I will record all moonlighting hours in New Innovations, also indicating the training location of the moonlighting.
- I will adhere to ACGME duty hours standards, including hours free of duty requirements, and I understand that both internal and external moonlighting count towards my overall limit of 80 hours per week averaged over a four-week period.
- I must request and receive annual approval to moonlight, and I will report all moonlighting sites to both my program and to the Graduate Medical Education office. I understand that despite receiving annual approval, my program director or the GME office may terminate my right to moonlight at any time.
- I agree that if I moonlight without express written approval or fail to comply with any GME policies and procedures or any ACGME duty hours standards, I will be subject to disciplinary action up to and including termination from the program.
- I agree to eliminate moonlighting if it interferes with my training, including education and/or patient care. I agree to stop all moonlighting activities if it contributes to undue fatigue.
- I understand that this activity is apart from my assignment and in no way related to my employment as a graduate medical student of the University of South Florida. I understand that the University of South Florida is not responsible for and does not provide medical professional liability coverage, disability insurance or workers' compensation coverage for non-programmatic professional activity. I agree that the University of South Florida has no obligation, responsibility, or liability whatsoever for any injury or harm which I may incur or which may befall me during my performance of or a result of this outside activity. I hereby release, forever discharge, and waive any and all claims I may have now or in the future arising out of or connected with my outside employment activities against the University of South Florida and the State of Florida, and any all officers, agents, employees, underwriters and insurers, all individually and in their respective official capacities.

Moonlighting Employer (One location/site per form):

Location 1: _____________________________________________________________ ______________________________

Contact Person (Name/Phone/E-mail): _______________________________________________________________________

Full Medical License Number: ___________________________________ Expiration Date: ________________________

Signature of Trainee: _______________________________________ Date: ___________________________

I certify that this trainee is in good standing. I will monitor this trainee to ensure moonlighting does not negatively impact his/her medical education and training.

Signature of Program Director: ____________________________ Date: ____________________________

Affiliate Hospital Approval (if applicable) ____________________________ Date: ____________________________

Signature, GME ACGME DIO ____________________________ Date: ____________________________

(Return signed form to Patti Taylor, GME via ptaylor@health.usf.edu or Fax to 813-250-2507)
Supplemental Moonlighting Privileges Request

Trainee Name:______________________________________________________________

Program:______________________________________________________________

I am requesting to moonlight as (select one):

☐ Resident/Support Person
☐ Attending (complete following section)

If you selected Attending, are you credentialed as an Attending at this site?

☐ Yes
☐ No

Will you be billing?

☐ Yes
☐ No

Unit or Service where moonlighting will occur:______________________________________________

Begin date of moonlighting:______________________________________________

End date of moonlighting:______________________________________________

*Moonlighting privileges expire at 12AM midnight on July 1 2018*

Estimated number of hours per shift:______________________________________________

Estimated number of shifts per month:______________________________________________

*Moonlighting hours are counted towards the duty hour limits*

Resident/Fellow Signature:_________________________ Date:_________________________

Return completed form to Patti Taylor, ptaylor@health.usf.edu

For GME Office Use Only

☐ Approval
☐ Disapproval

Signature_________________________ Date_________________________