

**Application Instructions**

1. Complete the entire application to obtain approval for any moonlighting or outside activities (“Moonlighting/OA”)
2. Initial and sign where indicated
3. Obtain signature from your Program Director
4. Submit completed form to the GME Office for processing by submitting an email to: **GME-HRForms@usf.edu**
5. Wait for email from GME to you and your PD indicating approval before agreeing to work moonlighting/OA shifts. **You are not approved to moonlight/OA until you receive approval via a fully executed copy of this form returned from GME.**
6. Log into [my.usf.edu](http://my.usf.edu) to complete [eDisclose](#) for Outside Activity (OA). You will receive a DISC# from the system and must include this number with your signature on page 3 of this application.

**Personal Information**

House Staff Name: \_\_\_\_\_ PGY Level \_\_\_\_\_ Training Program: \_\_\_\_\_

Are you a US citizen?  Yes  No If not, what is your visa status? \_\_\_\_\_

Medical License Number \_\_\_\_\_ Issue Date \_\_\_/\_\_\_/\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

Federal DEA Number \_\_\_\_\_ Issue Date \_\_\_/\_\_\_/\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

**Moonlighting/OA Information**

Separate from my responsibilities as a house officer at USF Health Morsani College of Medicine, I request approval to be employed for the period of: Begin date of Moonlighting/OA: \_\_\_/\_\_\_/\_\_\_ End date of Moonlighting/OA: \_\_\_/\_\_\_/\_\_\_ (cannot be past 6/30 for programs that start 7/1; or 7/31 for programs that start 8/1)

*Approval is granted for only 12 months or less during a single academic year (July 1 to June 30; or August 1 to July 31)*

Moonlighting/OA Employer (one employer per form): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number and Email Address: \_\_\_\_\_

Nature/Description of the proposed Moonlighting/OA activity: \_\_\_\_\_

Location/Service of Moonlighting/OA activity (one per form): \_\_\_\_\_

Estimated number of hours per shift: \_\_\_\_\_ Estimated number of shifts per month: \_\_\_\_\_

I am requesting to moonlight/OA as (select one)  Resident  Attending\* (if you select ‘Attending,’ also complete the following):

\*(A) Are you credentialed as an “Attending” at this site?  Yes  No (B) Will you be billing?  Yes  No

Professional Liability Insurance: (NOTE: USF’s malpractice insurance does **not** cover moonlighting/OA activities)

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Limits of Coverage \_\_\_\_\_ Effective Date \_\_\_/\_\_\_/\_\_\_

**USF GME – Moonlighting/OA Privileges Request  
For Academic Year ending June 30, 2024**

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

**Acknowledgement of USF GME Moonlighting/OA Policy**

By completing this form, I \_\_\_\_\_ [Print name], a trainee in \_\_\_\_\_ [Program], attest to the following statements. **IMPORTANT!** You must **initial** each statement to indicate that you have read, agree, and understand.

\_\_\_\_\_ I have read and understand the GME policies and procedures relating to duty hours and moonlighting/OA, including the moonlighting/OA policy, GME-208-A, and the ACGME requirements relating to moonlighting/OA 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/OA activity. ***\* If moonlighting/OA will occur at an affiliate site, additional documentation of moonlighting/OA hours may be required. If not completed in a timely fashion, moonlighting/OA privileges may be rescinded.***

\_\_\_\_\_ I will record all moonlighting/OA hours in New Innovations.

\_\_\_\_\_ I will adhere to ACGME duty hours standards, including hours free of duty requirements, and I understand that both internal and external moonlighting/OA 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/OA, and I will report all moonlighting/OA 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/OA at any time.

\_\_\_\_\_ I agree that if I moonlight/OA 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/OA if it interferes with my training, including education and/or patient care. I agree to stop all moonlighting/OA 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 trainee 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.

\_\_\_\_\_ I attest that I am not paid by the military.

\_\_\_\_\_ I attest that I have filed this activity in the USF eDisclose System.

**USF GME – Moonlighting/OA Privileges Request  
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\_\_\_\_ I understand that I am only covered by NICA for deliveries performed in conjunction with my training and I do not have NICA coverage through USF for any outside moonlighting/OA activities.

**Signature of Trainee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**USF eDisclose DISC#** \_\_\_\_\_

**Program Director Approval – Obtain before submitting to GME**

I certify that this trainee is in good standing. I will monitor this trainee to ensure moonlighting/OA does not negatively impact his/her medical education and training and that the 80 hour duty hour limit is not exceeded. I may withdraw this permission if adverse effects are noted.

\_\_\_\_\_  
**Signature of Program Director:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Final Approval – Completed by GME Office**

\_\_\_\_\_  
**Moonlighting/OA Employer Acknowledgement (if applicable)** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature of GME DIO** \_\_\_\_\_ **Date** \_\_\_\_\_