

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, and the activity has been approved through the USF e-disclose system.**
6. Log into 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

Trainee 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, 2027**

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 will receive 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.

____ I agree that it is my responsibility to obtain final approval for this activity in the USF eDisclose system prior to starting this activity.

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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. Furthermore, if this form is a renewal or for an additional moonlighting/OA opportunity, I attest that I have reviewed the duty hour log to ensure moonlighting/OA hours were properly documented. 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** _____