

Resident/Fellow Request for Moonlighting

Effective Date of Request is for Current Resident Year. Moonlighting privileges must be requested annually.

Date: _____

I hereby request permission to engage in professional activities outside the scope of my residency/fellowship training program (i.e. “moonlighting”). Specifically, I request permission to work at the following institutions:

(Note: include NYPH institution/s, if applicable).

1) _____

1a) Professional liability coverage to be provided by _____

2) _____

2a) Professional liability coverage to be provided by _____

I understand that the professional liability coverage provided to me by NYPH does NOT extend to external moonlighting / external professional activity. All external requests must have proof of malpractice insurance coverage.

I understand that I must track the hours I spend engaged in professional activity external to my training program to be included in my weekly work hours. I will not allow my work hours to exceed that specified in the NYPH policy on work hours (found on the GME website).

I have read and understand the NYPH policy on work hours and will abide by it.

I will not let other professional activities interfere with my commitment to my educational program and I recognize that my program director and/or my clinical service chief can withdraw permission to engage in these activities at any time.

All internal moonlighting activities will be in accordance with the graduate staff’s delineation of clinical privileges.

Sincerely,

Name and signature of Resident/Fellow

Approved by:

Program Director Signature Clinical Service Chief Signature

Program Director Name (print) Clinical Service Chief Name (print)