



OFFICE OF GRADUATE MEDICAL EDUCATION
MOONLIGHTING APPROVAL FORM
2009 – 2010

PLEASE COMPLETE ONE FORM FOR EACH EMPLOYER or FACILITY:

Resident: _____

Program: _____

SC License #: _____ (Those on Limited Licenses are NOT eligible to moonlight.)

DEA #: _____ Fee Exempt? Y or N (Fee Exempt DEA Registrations cannot be used at non-MUSC sites.)

Malpractice Insurance Company: _____
(Not required for ML at MUSC/MUHA. Proof of hire is required.)

Policy #: _____

Name and Address of Employer (i.e., Physician Office or Medical Facility):

Hours per month (estimated): _____

*Moonlighting that occurs within the residency program, the sponsoring institution, the non-hospital sponsor's primary clinical site(s) and/or any sites affiliated with the residency program (i.e., Internal Moonlighting) must be counted toward the 80-hour weekly limit for duty hours.

*Note that any moonlighting by a resident who is employed by any of the following organizations is considered "Internal Moonlighting":

- MUSC hospitals and its clinics
Ralph H. Johnson VA Medical Center
Roper Hospital
St. Francis Hospital
Southeastern Fertility Center
Spartanburg Regional Health System
Georgetown Memorial Hospital
Kindred Hospital
Trident Ambulatory Surgery Center
Trident Medical Center
East Cooper Regional Medical Center
Any physician's office, clinic or medical facility which has an "affiliation agreement" with the resident's program

☐ Please check box if your program has an affiliation with the facility at which you are requesting permission to moonlight (if you are unsure please check with your Program Coordinator or the GME Office).

I understand the above Internal/External Moonlighting definitions and have read the Moonlighting Policy as outlined in the Resident Handbook. I, the undersigned Resident, agree to log all moonlighting time in the duty hour module within E*Value.

Resident's Signature _____ Date _____

Program Director's Signature _____ Date _____

ACGME Designated Institutional Official (DIO) _____ Date _____