



OFFICE OF GRADUATE MEDICAL EDUCATION
MOONLIGHTING APPROVAL FORM
2017 – 2018

PLEASE COMPLETE ONE FORM FOR EACH EMPLOYER or FACILITY:

Resident: \_\_\_\_\_

Program: \_\_\_\_\_ PGY Level: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ (All PGY-1 Residents and those on SC Limited Licenses are NOT eligible to moonlight.)

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

Malpractice Insurance Company: \_\_\_\_\_
(Not required for Moonlighting at MUSC/MUHA. Proof of hire is required.)

Policy #: \_\_\_\_\_ Hours per month (estimated): \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

IMPORTANT – This form must be completed in its entirety and have attached copies of the following items:

- Medical License
- DEA Registration
- Malpractice Insurance policy stating applicable policy number

The ACGME DIO will be unable to approve your moonlighting approval form until all of the required information and attachments are provided. If any resident moonlights without permission, the penalties will be decided on a case-by-case basis by the DIO in consultation with the program director.

\*Moonlighting must be counted toward the 80-hour weekly limit for duty hours.

I understand 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