

Request for Moonlighting Privileges

In order to meet ACGME Institutional Requirements related to moonlighting, programs must retain a completed copy of the enclosed form in the house staff members file as evidence of approval. Moonlighting privileges must be requested and approved on an annual basis.

Name of person requesting moonlighting privileges: \_\_\_\_\_

Name of Training Program: \_\_\_\_\_

Where will moonlighting occur?

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How many hours/days of moonlighting are being requested?

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How will the house staff member monitor and report hours spent moonlighting to the program director? Describe the method used, and state how frequent work hour information will be reported.

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Describe the clinical duties the house staff member is authorized to perform while moonlighting at the site listed above.

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When will moonlighting privileges begin and end?

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Moonlighting privileges will be withdrawn under the following circumstances?

(Ex: Signs of fatigue, violation of moonlighting arrangements, inability to fulfill educational requirements for the training program)

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Upon review and discussion of the information detailed above, the Program Director and the House Staff member have agreed on arrangements for moonlighting privileges. The signatures below confirm that the request for moonlighting privileges has been discussed and approved.

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Program Director Signature

Date

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House Staff Member Signature

Date