

Moonlighting/Other Professional Activities Request (Form)

Current Date: _____

To Dr. _____:
(Director of Education or Designee for _____ residency program)

In accordance with the Palmetto Health Graduate Medical Education (GME) "Moonlighting and Other Professional Activities Policy," please accept this letter as my request for written approval to participate in a paid position for the period of:

(Start Date)_____ to (End Date)_____ at

_____ (Institution), with

_____ maximum number of hours per week requested. I understand and will abide by all procedures and requirements as outlined in the aforementioned moonlighting and other professional activities policy and will seek approval in advance of scheduling such activities. I also agree to report actual hours worked in New Innovations. I understand that moonlighting that occurs at any of my residency program's affiliated institutions (i.e. Wm. Jennings Bryan Dorn VAMC) is considered moonlighting and counts toward the 80 hour work week limit.

I further understand that it is my responsibility and requirement to obtain a permanently endorsed license for unsupervised medical practice in the state where moonlighting will be done. I further understand that the educational liability coverage provided by Palmetto Health does not cover moonlighting activities. I also agree to provide proof of permanently endorsed licensure and proof of professional liability (malpractice) insurance coverage to the Director of Operations GME Office in the Department of Medical Education at least thirty (30) days in advance of an approved moonlighting/other professional activity start date.

I also attest that I am not a PGY -1 resident or a resident/fellow on a J-1 Visa (J-1Visa status limits resident/fellow activities to educational experiences only; no external paid activities are allowed). I also attest that I hold an up-to-date South Carolina permanently endorsed license.

Respectfully requested,

Resident/fellow's Signature

Resident/fellow's Name (printed): _____

South Carolina Permanent Medical License No.: _____
=====

Approvals:

Director of Education or Program Director

DIO

____ Approved or ____ Disapproved

____ Approved or ____ Disapproved

Date: _____

Date: _____

cc: Administrative Director, Resident & Student Services

Reviewed February 20, 2014