

Moonlighting Request & Approval Form

save this form to PDF before completing or you will be unable to view all fields

IMPORTANT PLEASE READ THE FOLLOWING BEFORE COMPLETING THE FORM-This form must be scanned and uploaded with your electronic moonlighting request. Electronic requests will be forwarded to your Program Director and GME for final approval.

*The ACGME and UCLA GME policies require program director pre-approval of all moonlighting activity. Any residents or clinical fellows moonlighting without written pre-approval will be subject to disciplinary action.

*All moonlighting is voluntary.

*Internal moonlighting may only occur within the scope of practice in which any licensed physician, or board eligible physician would be eligible to practice (whichever is most appropriate).

*Trainees engaged in internal moonlighting may not function as independent practitioners in the clinical specialty in which they are training.

*Moonlighting activities must not interfere with the resident or clinical fellow's training program. It is the responsibility of the trainee to ensure that moonlighting activities do not result in fatigue that might affect patient care or learning.

*The program director will monitor trainee performance to ensure that moonlighting activities are not adversely affecting patient care, learning, or trainee fatigue. If the program director determines resident or clinical fellow performance does not meet expectations, permission to moonlight will be withdrawn.

*Internal moonlighting is covered by UCLA malpractice insurance.

NOTE: This policy does not apply when a resident is asked to work within his/her own program to fill a shift for an absent resident or open position. This scenario would be defined as coverage. Compensation for coverage is at the discretion of the department.

Moonlighting Site Information

Please include the following information for both internal and external moonlighting requests.

Name of physician supervisor (at moonlighting site) _____ Title _____

Contact Phone _____ Contact Email _____

Type of Request :

- External Moonlighting
(not located at nor paid for by UCLA; UCLA malpractice does not apply)
- Internal Moonlighting
(malpractice covered by UCLA; paid by UCLA)

(FOR INTERNAL MOONLIGHTING REQUESTS ONLY) To be completed by faculty member requesting service:
Reason for staffing request (include **who is currently providing this service** and **why current staffing is inadequate**)

Level of post-graduate training required to fulfill this role (If patient care duties require a level of training beyond that of a licensed or board-eligible physician, which would be most appropriate, please detail the minimum training requirements needed):

Internal Moonlighting Requests require the signature of the supervising attending physician:

By submitting this form (scan and upload) with my MedHub moonlighting request, I acknowledge that I have carefully read and fully understand the moonlighting policies of my program, UCLA GME, and the ACGME. If any information regarding my moonlighting activity changes, including hours, location, type of activity, and/or supervisor, I will submit an additional request for approval from my Program Director and GME.

Trainee Signature _____

Date _____