

VANDERBILT  UNIVERSITY  
MEDICAL CENTER

House Staff Request To Engage In **External** Extramural Professional Activities  
(**External** Moonlighting – Not at VUMC)

Application Instructions

1. Complete the entire application.
2. Initial and sign where indicated.
3. Obtain signature from your Program Director.
4. Submit completed form to the Graduate Medical Education Office for processing by
  - o e-mail to [GME.Office@vumc.org](mailto:GME.Office@vumc.org)
  - o fax to 615-343-1496
  - o campus mail to 303 Light Hall (0685)
  - o hand delivery to 303 Light Hall
5. Wait for e-mail from GME to you and your Program Director indicating approval before agreeing to work moonlighting shifts. **You are not approved to moonlight until you receive approval notification from GME.**

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

Personal Information

House Staff Name \_\_\_\_\_ PGY Level \_\_\_\_ Training Program \_\_\_\_\_

Are you a US citizen? Yes No If not, what is your visa status? \_\_\_\_\_

Medical License Number \_\_\_\_\_ Issue Date \_\_\_/\_\_\_/\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

Federal DEA Number \_\_\_\_\_ Issue Date \_\_\_/\_\_\_/\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

Moonlighting Information

Separate from my responsibilities as a house officer at Vanderbilt University Medical Center, I request approval to be employed for the period of

\_\_\_/\_\_\_/\_\_\_ through June 30, 20\_\_\_.

Approval is granted for only 12 months or less during a single academic year (July 1 to June 30).

Moonlighting Employer (one employer per form): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number and E-Mail Address: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Nature of Moonlighting Activity (be sure to list all activities): \_\_\_\_\_

Approximate Hours per Month: \_\_\_\_\_

Professional Liability Insurance:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Limits of Coverage \_\_\_\_\_ Effective Date \_\_\_/\_\_\_/\_\_\_

Acknowledgement of Moonlighting Policy

**Important:** Initial to indicate that you have read and agree to each statement:

I understand that moonlighting activities are prohibited during regular VUMC duty hours, as defined by my program director and/or the Chair of my Department. Additionally, I understand that this activity will not be credited toward my current training program requirements.

\_\_\_\_\_

I acknowledge that my performance will be monitored for the effect of this activity, and adverse effects on achievement of my program's goals and objectives may lead to rescinding of this permission.

\_\_\_\_\_

I understand that time spent in Internal and External Moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit, as required by ACGME.

\_\_\_\_\_

I understand that I am responsible for accurately recording all moonlighting duty hours in my program's duty hour tracking mechanism. Failure to do so may result in Corrective Action and revocation of moonlighting privileges.

\_\_\_\_\_

I give Vanderbilt University Medical Center permission to contact this moonlighting employer to obtain external moonlighting hours for auditing purposes.

\_\_\_\_\_

I agree to submit another form should the moonlighting location, activity, or hours given on this form change.

\_\_\_\_\_

I acknowledge that violation of the Moonlighting Policy set forth in the House Staff Manual constitutes a breach of the House Staff Agreement between Vanderbilt University Medical Center and myself and may lead to Corrective Action.

\_\_\_\_\_

I understand that Vanderbilt University Medical Center assumes no responsibility for my actions in connection with this activity. I will so inform the organization by which I am employed and I will make no representation which might lead that organization or its patients to believe otherwise. While employed in this activity, I will not use or wear any items which identify me as affiliated with Vanderbilt University Medical Center or Vanderbilt University, nor will I permit the organization by which I am employed to represent me as so affiliated.

\_\_\_\_\_

I further understand that the Vanderbilt University Medical Center professional liability insurance does not cover moonlighting activities outside of VUMC. I hereby certify that I have professional liability insurance which covers any liability which may result from the activity.

\_\_\_\_\_

By signing below, I also attest that I am not paid by the military.

\_\_\_\_\_

House Staff Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Program Director Approval - Obtain before submitting to GME.

With my signature, I

- 1) approve this moonlighting activity,
- 2) agree to monitor this house officer for the effect of this activity on his/her residency/fellowship performance, and
- 3) may withdraw this permission if adverse effects are noted.

\_\_\_\_\_  
Program Director

Date: \_\_\_/\_\_\_/\_\_\_

Final Approval - Completed by the GME Office

\_\_\_\_\_  
ACGME/NRMP Designated Institutional Official or Designee

Date: \_\_\_/\_\_\_/\_\_\_