

House Staff Request to Engage in **Internal** Extramural Professional Activities
(**Internal** Moonlighting – at VUMC)

Application Instructions

1. Complete the entire application. Any missing information may result in approval delay.
2. Initial and sign where indicated.
3. Obtain all necessary signatures.
4. Submit completed form to the Graduate Medical Education Office for processing by
 - o e-mail to 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. GME will send your form to Risk and Insurance Management for approval and signature before the ACGME/NRMP Designated Institutional Official signs for final approval.
6. 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? _____

If visa status is H1B, please obtain following signature prior to submitting to GME.

Printed name _____

Signature/date _____

I verify that the internal moonlighting activity requested is appropriate as related to the H1B petition filed.

(Jessica Lucas) – Immigration Services

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 Department (one per form): _____

Contact Person: _____

Contact Phone Number and E-Mail Address: _____

Nature of Moonlighting Activity (one activity/service per form): _____

Approximate Hours per Month: _____

Names(s) of supervisory physician(s): _____

Do you plan to bill third party payers for your services in this activity? ___ Yes ___ No

If yes, are you board certified/eligible? ___ Yes ___ No Specialty _____

If YES to both questions above, please obtain following two signatures prior to submitting to GME.

Printed name _____ **Signature** _____

The individual requesting to bill third party payers has the appropriate secondary faculty appointment (please attach letter).

(Shannon Ontiveros) - Faculty Affairs

Printed name _____ **Signature** _____
The individual making this request has been appropriately credentialed effective _____ Date

(Danielle Midgett) – Provider Support Services

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 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. _____

By signing below I also attest that I am not paid by the military, nor am I under any contract which prohibits me from receiving payment from Vanderbilt University Medical Center. _____

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.

Date: ___/___/___

Program Director

Final Approval - Completed by the GME Office

Date: ___/___/___

Assistant Director, Clinical Risk Management, Office of Risk & Insurance Management

Date: ___/___/___

ACGME/NRMP Designated Institutional Official or Designee