

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
  - e-mail to [GME.Office@vumc.org](mailto:GME.Office@vumc.org)
  - fax to 615-343-1496
  - campus mail to 303 Light Hall (0685)
  - 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

Nature of Moonlighting Activity (Activities) \_\_\_\_\_

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

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

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

**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 include a copy of your approved faculty appointment letter.**

#### Acknowledgement of Moonlighting Policy

**Important:**

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. I understand that I cannot perform concurrent duties for my training program while moonlighting. 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:        /        /       

**Director, Office of Risk & Insurance Management**

ACGME/NRMP Designated Institutional Official or Designee

Date:        /        /