

Moonlighting Request Form

University of Wisconsin Department of Family Medicine
Eau Claire/Augusta

Approved: 4/25/11

Revised: 01/07/16

Instructions: Complete and turn in this form to request approval for Moonlighting. Approval must be given before moonlighting hours are worked.

Note: Please refer to the Eau Claire residency handbook pocket guide and the Moonlighting Policy for additional information and clarification regarding moonlighting and restrictions.

Name: _____

Request Date: _____

Year: PGY2

PGY3

1. Requested Moonlighting activity:

(requests may be made for a maximum 2 month time frame)

Employer:

Date(s):

Shift(s) Start & End Time:

Total Hours:

2. What rotation(s) are you assigned during this time?

Rotation name:

Dates:

3. Do you have an OB continuity patient +36 weeks during these requested dates?

Yes No

If yes, which resident will cover your responsibilities? _____

Additional comments:

- I understand I am not required to moonlight.
- I understand I must have written approval prior to any moonlighting activity.
- I understand I must submit moonlighting request form with at least 7 days notice.
- I am currently licensed in the state in which I am applying to moonlight.

- I currently hold a non-exempt DEA certificate, differentiated from the exempt DEA applicable for the UW DFM.
- I have private malpractice coverage for moonlighting. Moonlighting is not covered by the State of Wisconsin medical malpractice coverage provided for residency practice.
- I will be responsible for the assessment fee for the Wisconsin Injured Patients and Families Compensation Fund if my moonlighting hours exceed 240 hours in a fiscal year.
- I understand moonlighting is not permitted during normal patient care hours at the clinic, during in-house call rotations, during clinic call/weekend rounding shifts, nor should moonlighting take precedence over other scheduled duties.
- My moonlighting privileges may be withdrawn at any time.
- I have read the UW DFM and the Eau Claire Family Medicine Residency *Resident Moonlighting Policies* and agree to abide by them.
- I will log all moonlighting hours in New Innovations Duty Hours module. The assignment named "Moonlighting" will be used when documenting the duty hours.
- The requested moonlighting hours will not cause me to exceed the ACGME 80 hour duty hour restriction.

To be completed by Program Office Staff:

- Requested moonlighting hours are in compliance with ACGME requirements (Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting). _____(staff initials)
- Requested moonlighting hours do not conflict with clinic call shifts. _____(staff initials)

Resident Signature

Date

Approval:

- Approved Not Approved _____
(explanation)

Advisor Signature

Date

Program Director Signature

Date

Osteopathic Program Director Signature (for DO requests)

Date

For office use:

- Log requested moonlighting dates/hours in NI assignment schedule
- Scan approved form in resident file

Original: Resident