

**MOONLIGHTING
REQUEST AND RESPONSE FORM
MICHIGAN STATE UNIVERSITY INTERNAL MEDICINE RESIDENCY**

Part A: To be completed by the resident:

Rotation Number(s):	Rotation Name:	Today's Date: ____
Outside employer for moonlighting: Sparrow Hospital only - request other employers separately		
Location/address:		
Contact phone number for employer:		
Inclusive dates of outside employment:		
<p>This signed request constitutes an amendment of my residency Agreement. Moonlighting will be performed in accordance with the Residency Manual / Section #7 / Residency Policies / Moonlighting.</p> <p>I am requesting permission to perform moonlighting duty on the above-mentioned rotation(s). I understand that all duties, including moonlighting duty, must be performed in compliance with ACGME and MSU residency policies on duty hours. There must be no violation of the limit on hours worked per week or required off-days. I will not moonlight without formal approval, and I will await an approval response from the program prior to proceeding with moonlighting duties.</p>		
_____	_____	_____
Resident's Name	Resident Signature	Pager Number

You must present documentation of scheduled moonlighting hours and total weekly duty hours to the residency office weekly by following the standard time sheet policy. Failure to document moonlighting and total work hours will lead to revocation of approval. GMEI reserves the right to verify work hours by contacting moonlighting employers.

Remember that **GMEI PROFESSIONAL LIABILITY INSURANCE DOES NOT COVER RESIDENTS FOR ACTIVITIES AND PROFESSIONAL SERVICES OUTSIDE OF THE RESIDENCY PROGRAM.** Thus, it is essential for residents to secure professional liability (i.e., malpractice) insurance before participating in any external moonlighting activities.

Residents who violate this moonlighting policy threaten the accreditation of the residency program and may also be in violation of Michigan and/or Federal law. As such, residents found to be in violation of this policy may be subject to harsh disciplinary action, including dismissal from the residency program.

Part B: To be completed by the Program Director for consideration of approval:

Criteria	Status	Comments
In-house/internal moonlighting: an Educational Limited license is on file in residency office.		
External moonlighting: a permanent Michigan License is on file in the residency office.		
Satisfactory residency performance as defined by Program Director including:		
Satisfactory completion of medical records		
Satisfactory completion of evaluations		
Satisfactory conference attendance		
Satisfactory academic performance		
Satisfactory professional performance		
Written documentation of adequate malpractice insurance from outside employer for stated moonlighting activity		
Must not have a J-1 Visa status or other status that prohibits moonlighting		
Provide the Program Director with a schedule demonstrating total moonlighting-inclusive average duty hours ≤80 hours/week		

Based on the information above, your request for the following moonlighting is:

- Approved
- Denied

Heather Laird-Fick, MD
Program Director, MSU Internal Medicine Residency