

MOONLIGHTING APPLICATION

Instructions: Any Resident who wishes to moonlight must complete this form and submit it to his/her Program Director ("Director") for approval *prior to accepting or commencing any moonlighting activity*. If approved, the Resident must submit a new *Application* to his/her Director annually *and* as changes to his/her training program requirements or previously approved moonlighting activities occur, as discussed on Page 2, No. 4, of this form. The Resident's Director must approve or deny each request for continued or amended moonlighting activity in writing, per the procedure established under NYU's *Moonlighting Policy for Residents*.

Academic Year 20 _____ Today's Date _____

Training Program _____ PGY Level _____

Resident's Name _____ Office # _____

Address _____ Beeper # _____

Malpractice Carrier _____ NYS License # _____

Malpractice Policy # _____ *House Staff **MUST** provide NYS License/Limited License/Permit No. on application.*

I am requesting permission to moonlight, as follows:

MOONLIGHTING SITE: <i>Institution Name and brief description of moonlighting activity.</i>		
MOONLIGHTING Supervisor(s):	Phone Number(s):	E-mail Address(es):
Day of the Week:	Start Time:	Stop Time:
1: _____	1: _____	1: _____
2: _____	2: _____	2: _____
3: _____	3: _____	3: _____
Total Hours Per Week: _____ Total Hours Per Month: _____		
MOONLIGHTING RESTRICTIONS: <i>Director Must indicate any schedule restrictions (i.e., may only moonlight 1x a week or only weekends, etc.)</i>		

I, _____, understand that:
(Resident's Name)

1. My moonlighting activities must not interfere with my regular training program responsibilities.
2. I must accurately report all moonlighting hours to my Director on a weekly basis.
3. My total Duty Hours must be in accordance with the NYU [Duty Hours Policy for Residents](#).
4. I will submit a new *Moonlighting Application* to my Director for approval in each of the following instances:
 - Annually;
 - When my training program schedule changes (e.g., due to promotion to next PGY level);
 - When the number of moonlighting hours I work change;
 - When the supervisor(s) to whom I am assigned while engaged in a moonlighting activity change(s); and/or
 - When the site(s) where the moonlighting activity occurs change(s).
5. I must not be scheduled for on-call duty more frequently than every third night.
6. I must provide or verify my own malpractice insurance. I understand that the malpractice insurance provided to me by NYU for my authorized residency program duties will **not** be extended to cover any moonlighting activities.
7. I possess a valid New York State medical or dental license or limited permit, and I have attached copies of those documents to this Application. I also have a DEA Registration Number issued in accordance with *Section III.B.3., Policy and Procedure*, of the NYU [Moonlighting Policy for Residents](#).
8. I must not be visually identifiable as a trainee in an NYU residency training program when moonlighting at a Hiring Entity other than Tisch, Bellevue, NYU Downtown, and the Veterans' Administration Hospitals and the Hospital for Joint Diseases.

I understand that my total Duty Hours must be in accordance with the NYU [Duty Hours Policy for Residents](#), and I will not knowingly subject my program or myself to any violation of that policy. I understand that failure to comply with Duty Hours limitations and NYU's *Moonlighting Policy for Residents* may result in disciplinary action including, but not limited to, withdrawal of permission to moonlight, written warning, and/or termination from my residency program.

Signature of Resident

Date

I have reviewed and discussed the restrictions indicated on this *Moonlighting Application* with the Resident. The requested activities will not violate NYU Duty Hours Policy.

The Resident's application is Approved*

Denied

Signature of Director of Residency Training

Date

*Approval to moonlight is granted through the end of the current academic year or until change(s) to the Resident's moonlighting activity occur(s), as discussed in No. 4, above. Submission and approval of an updated *Moonlighting Application* must occur each subsequent year or in accordance with the changes discussed in No. 4, above.

10/07 HSAO