


<b>Name of Policy:</b>	<u><a href="#">GME: Moonlighting</a></u>	 <p><b>Revised date:</b> 11/05/19</p> <p><b>Original effective date:</b> 10/01/97</p>	
<b>Policy Number:</b>	3364-86-018-00		
<b>Approving Officer:</b>	Dean, College of Medicine and Life Sciences		
<b>Responsible Agent:</b>	Director Graduate Medical Education		
<b>Scope:</b>	UT College of Medicine Residents		
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

### DEFINITION

Moonlighting is defined as any physician employment activity by a trainee outside of recognized residency training requirements. “Moonlighting” is not formally recognized by the Graduate Medical Education Committee.

### PURPOSE

To ensure that Moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

### POLICY

PGY-1 residents are not permitted to moonlight.

Residents on J-1 visas are not permitted to moonlight.

Each program must define its own rules for allowing or disallowing moonlighting. If moonlighting is permitted, the program must define minimal academic standards for the residents allowed to moonlight.

Residents must not be required to engage in moonlighting.

Residents must request prospective written permission to moonlight from the Program Director, prior to any moonlighting activities using the GME Moonlighting form, addendum A. The form must be submitted to the GME office and signed off by the Associate Dean for Graduate Medical Education/DIO prior to any moonlighting activities.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident’s fitness for work nor compromise patient safety. The resident’s performance will be monitored for the effect of moonlighting activities and signs of fatigue within the program. If signs of fatigue or other adverse effects are noted this may lead to withdrawal of permission to moonlight.

The Program Director must monitor the number of hours and the nature of the workload of residents engaging in moonlighting experiences. Internal and External moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hours maximum weekly hour limit on clinical and educational work hours.

All residents participating in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs. It is the responsibility of the residents to demonstrate they have the appropriate licensure, federal DEA number, and adequate liability coverage in compliance with the requirements of the institution that is hiring them for moonlighting.

<p>Approved by:</p> <p><u>/s/ Lori Schuh, M.D.</u> Chair, Graduate Medical Education Committee</p> <p><u>/s/ Christopher Cooper, M.D.</u> Dean, College of Medicine and Life Sciences</p> <p>Review/Revision Completed by: <i>Graduate Medical Education Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> <li>• <i>None</i></li> </ul> <p>Initial effective date: 10/1997</p> <p>Review/Revision Date: Revised 2/01, Revised 4/02, Revised 5/04, Revised 5/4/06, Revised 9/5/06, Revised 2/6/07, Review 2/3/09, Revised 3/1/11, Reviewed 3/5/13, Revised 10/7/14, Reviewed 10/4/16, Revised 11/7/17, Revised 11/5/19</p> <p><b>Next review date:</b> 11/2021</p>
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**Note:** The printed copy of this policy may not be the most current version; therefore, please refer to the policy website (<http://utoledo.edu/policies>) for the most current copy.



COLLEGE OF MEDICINE  
AND LIFE SCIENCES  
THE UNIVERSITY OF TOLEDO

**Graduate Medical Education  
Moonlighting Request Form**

**This form is for residents/fellows wishing to obtain approval to moonlight as outlined in the GME Moonlighting policy 3364-86-018-00.**

\_\_\_\_\_  
Name PG year Program

**Resident/Fellow Request**

I am requesting approval to moonlight. I have reviewed the GME Moonlighting policy 3364-86-018-00 and meet the prerequisites to moonlight as outlined in the policy.

Expected start date: \_\_\_\_\_

Moonlighting location name: \_\_\_\_\_

Hiring physician name (supervisor): \_\_\_\_\_

Location address: \_\_\_\_\_

My permanent license for the state in which I will be moonlighting expires: \_\_\_\_\_

\_\_\_\_\_  
*Signature of resident/fellow physician* \_\_\_\_\_  
*Date*

**Program Director Approval**

I approve the above resident/fellow to moonlight. I have reviewed the GME Moonlighting policy 3364-86-018-00 and the resident meets the prerequisites to moonlight as outlined in the policy.

I do not approve the resident/fellow to moonlight for the reasons below:  
\_\_\_\_\_

*Program Director printed name:* \_\_\_\_\_

\_\_\_\_\_  
*Signature of Program Director* \_\_\_\_\_  
*Date*

**Graduate Medical Education**

I concur with the Program Director's approval of the above resident/fellow's request to moonlight.

I do not approve the resident/fellow to moonlight for the reasons below:  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of DIO, Associate Dean for Graduate Medical Education* \_\_\_\_\_  
*Date*