

**REQUEST FOR APPROVAL TO MOONLIGHT**  
**Outside TTUHSC, its Affiliates, or under non-TTUHSC Faculty**

**PLEASE TYPE OR PRINT (Incomplete or illegible forms will be returned to you)**

Resident Name: \_\_\_\_\_  
PGY Level: \_\_\_\_\_  
Program Name: \_\_\_\_\_  
Program Director: \_\_\_\_\_  
Chair of Department: \_\_\_\_\_  
Detailed Description of Activity: \_\_\_\_\_  
\_\_\_\_\_  
Site of Activity: \_\_\_\_\_  
Beginning/Ending Dates of Activity\* \_\_\_\_\_  
Anticipated Days/Hours Per Week of Activity \_\_\_\_\_  
List any other moonlighting activities /sites for which you have been approved this academic year \_\_\_\_\_

**Moonlighting requests will not be approved retrospectively. The end date for any moonlighting activities must not extend beyond the current academic year. Activities with open-ended dates, or end dates that extend beyond the current academic year, if approved, will only be approved through the end of the current academic year.**

**The Resident above must initial each of the following criteria for moonlighting and provide supporting documentation, where requested, prior to any moonlighting request being considered for approval:**

\_\_\_\_\_ The resident named above has a permanent medical license and not a resident training license.  
**(Attach copy of permanent medical license, DEA and DPS certificates)**

\_\_\_\_\_ The resident has written agreement with site **(Attach copy of moonlighting agreement with outside institution, including proof of liability coverage)**

\_\_\_\_\_ The resident has appropriate training skills to carry out assigned duties.

\_\_\_\_\_ Total number of hours moonlighting in primary program and/or sponsoring institution and participating institution do **NOT** exceed 80 hours per week, averaged over a four-week period.  
**Residents performing moonlighting must record all hours (regular and moonlighting hours).**

\_\_\_\_\_ The resident has provided information for a contact at the site (including name, phone number, email, and US mailing address) who will be able to verify hours worked by the resident.  
**CONTACT INFO FOR SITE:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_ The resident must have **at least** eight (8) hours respite time between the end of the moonlighting hours and the start of duty hours of his/her residency.

\_\_\_\_\_ The resident above must reapply for approval to participate in the moonlighting activities described above if he/she desires to continue to participate in said activities during the next academic year.

\_\_\_\_\_ The performance of the resident must be monitored by the Program Director for the effect of moonlighting activities on the resident's residency training, and any adverse effects may lead to withdrawal of permission by the Program Director.  
\_\_\_\_\_

TOTAL NUMBER OF HOURS MOONLIGHTING PER WEEK, INCLUDING ALL MOONLIGHTING FOR WHICH YOU ARE APPROVED (ON AVERAGE) \_\_\_\_\_

TOTAL NUMBER OF REGULAR PROGRAM DUTY HOURS PER WEEK (ON AVERAGE) \_\_\_\_\_

Signature of Resident: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_

Date: \_\_\_\_\_

**The above "moonlighting" hours as defined in our program and/or participating institution have been included in the 80-hour/week limit for the resident.**

Signature of DIO: \_\_\_\_\_

Date: \_\_\_\_\_

Action: \_\_\_\_\_