

MOONLIGHTING REQUEST FORM

Trainee Name: _____

Location Activity: _____

Program: _____

Date(s) of Activity: _____

I understand that **I may not engage in any moonlighting activity outside of this request** and that such participation without formal approval will result in disciplinary action, which may include termination from the program. I further understand that **this activity is included in the 80-hour weekly duty hour limit**. All moonlighting activities fall under the ACGME requirements addressed in compliance with all the terms of the institutional and program's clinical experience and educational hours policy.

I understand that the compensation for internal moonlighting is processed by the department using departmental or educational affiliate funds and paid to me through the University of Florida payroll. The Self-Insurance Program (SIP) and Workers Compensation provide coverage for all approved internal moonlighting activities. Participation in moonlighting requires that the trainee is in good academic standing. Moonlighting must not interfere with my ability to achieve the goals and objectives of my educational program.

I understand that by signature below, I attest that I have not exceeded the ACGME's clinical experience and educational hour's limits over the last four weeks AND am in good academic standing in my program.

Trainee Signature

Date

VALIDATION ASSESSMENT: One-year fellowships without an ITE do not need to provide a validation assessment; DIO approval not required.

Last In-training Exam (ITE) Report take date as noted in NI: _____

Trainee's Score: _____ Trainee's Percentile: _____ National Mean/Median Score: _____

If the trainee's ITE score is at or above 50th percentile OR the trainee's ITE is at or above the national mean/median score, DIO approval is not required. Non-accredited program trainees do not need DIO approval.

Note: If the trainee's ITE results do not meet the above criteria, the PD must provide justification for their approval, including data that shows the trainee is on track to pass the specialty Board exam based on the ITE score or the results of a similar validated assessment and route to the DIO for approval.

Justification: _____

PROGRAM DIRECTOR'S APPROVAL:

I have reviewed this request and certify this resident/fellow is in good academic standing, eligible to participate in moonlighting activities, and that this activity, when combined with the numbers of hours per week required of this individual by our program, will not exceed the guidelines established by our program's clinical experience and educational hours policy, nor will it interfere with the ability of the trainee to achieve the goals and objectives of the educational program.

My approval below acknowledges that the trainee is in good academic standing and that the additional work hours are within the program's clinical and educational work hours policy.

NOTE: Trainees must be in good academic standing. Those on remediation, academic probation, suspension, or administrative leave are not permitted to moonlight. H1B visa holders may moonlight if the activity was part of their H1B petition. J1 visa holders may moonlight with Intealth (ECFMG) approval.

☐ Approved ☐ Denied

Program Director Signature

Date

DIO APPROVAL: ☐ Not Required

☐ Approved ☐ Denied

DIO Signature

Date

TRAINEE ATTESTATION: submit to the program administrator after the scheduled work hours.

| Date(s) Worked | Hours Worked | Date(s) Worked | Hours Worked | I understand that by signature below, I attest that I have not exceeded the ACGME's clinical experience and educational hour's limits over the last four weeks _____ Trainee Signature |
|----------------|--------------|----------------|--------------|--|
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |

PROGRAM ADMINISTRATOR'S ATTESTATION: The NI duty hours report is accurate and attached. _____ (initials)