Purpose:
This purpose of this policy is to establish the responsibilities, requirements, and procedures regarding Residents and Fellows (House Staff Officers and hereinafter referred to as “HSO”) who expect to engage in “moonlighting” and “extra clinical duty” (hereinafter referred to as ECD) activities, and to specify the circumstances under which HSO’s may engage in moonlighting and ECD activities. This policy applies to all HSO’S sponsored by Jackson Health System Graduate Medical Education Programs. The criteria for such activities takes into account the legal, regulatory and accreditation requirements, patient care needs, the HSO’S educational goals and the JHS/GME policy requirements. Each GME Program must supplement this policy with a Program specific policy on moonlighting and ECD, which should be included in the program’s duty hour policy. The Extra Clinical Duties (ECD) and “moonlighting” activities includes all extracurricular clinical or non-clinical work performed by an HSO outside the scope of the residency training program and/or outside of time spent in training activities.

Moonlighting and ECD does not include volunteerism. Volunteerism may be reported with duty hours to meet an ACGME program requirement for volunteerism. If it is not an ACGME or program requirement, then volunteerism need not be logged with duty hours.

Policy:
All HSO’s are to devote themselves to the performance of their full time professional efforts and required program obligations. Required training program obligations and adherence to the ACGME duty hour rules take precedence over all moonlighting and ECD activities. All time spent in Moonlighting and ECD activities must be counted towards the 80-hour maximum weekly hour limit, must be logged by the HSO and the hours monitored by the Program Director to ensure compliance with the ACGME duty hour rules.

Definitions:
EXTRA CLINICAL DUTIES (ECD)
Extra Clinical Duties (ECD) is defined as voluntary resident level patient care related to training, includes additional compensation, and is performed in addition to the HSO’s regularly scheduled assignment (i.e. exceeds ACGME and/or training program requirements and as defined by the residency program leadership). HSO’s providing extra clinical duty are supervised by attending physicians or independent licensed practitioners (ILP’s) and are working within the competency and level of responsibility appropriate to their PGY level (beyond PGY-1 level). ECD is separate and distinct from “Pull Coverage” and is to be paid by the appropriate service/cost center (not Housestaff/GME division). ECD differs from moonlighting in that moonlighting is voluntary medically related activities performed under a full medical license (i.e. functioning as an attending physician). ECD is not to be used for curriculum or scheduling changes.
Program Proposals for Extra Clinical Duty Hour Assignments

All Residency Program Extra Clinical Duty Hour Assignment Proposals (as described herein) must first be submitted by the Residency Program Director and the respective Chief of Service for approval by the Chief Medical Administrative Officer (CMAO), the Designated Institutional Officer (DIO) and the GME Executive Committee. The parameters of the ECD will vary from program to program, and will be specific to the particular program.

No ECD hours can be assigned to HSO’s without prior approval of the CMAO, DIO and the GME Executive Committee

Extra Clinical Duty Approval Process

The Program Director must determine whether and under what circumstances an HSO will be approved to engage in extra clinical duty activities. The appropriate forms must be completed and approved by the applicable Program Director and DIO. The forms will be maintained in the Housestaff/GME files and the Program Residency file. The following guidelines will be strictly enforced:

1. The HSO must have demonstrated competence to perform procedures
2. The HSO must be in good standing (No special observation status, counselings, remediation plans, professionalism incidents in prior six (6) months)
3. The HSO must be in compliance with all institutional requirements such as mandatory education, logs, updated medical records, duty hour logs.
4. All extra duty activities must adhere to Medical Center and Program specific Duty Hour Policies.
5. Documentation of the hours/days to be worked as extra clinical duty.
6. The Program Director must affirm that the HSO is in good standing and that the extra clinical duty hours are in compliance with the program’s Duty Hours Policy and Procedures.
7. The Program Director must review PGY level and Visa status
   a. (PGY-1’s and J-1’s are prohibited from Extra Clinical Duty Hour Assignments.
   b. H-1B visa holders must have H-1B petitions reviewed to determine if the additional compensation/duties/location are included in the original H-1B petition, and if an amendment is required to be filed. Any costs associated with an amendment are to be borne by the requesting cost code (not the Housestaff/GME office)
8. The Designated Institutional Officer (DIO) will be the final approving authority.
9. At their discretion, program directors, department chairs, DIO, and the JHS administration have the authority to prohibit or limit ECD activities for any HSO, program or site if they believe such activity not to be in the best interests of the resident, the program, or the institution.
10. ECD must be conducted in accordance with the provisions of the JHS and Program specific Duty Hour Policies.

11. Permission for participation in moonlighting may be revoked at any time by the program director, CMAO or the DIO.

**MOONLIGHTING**

Moonlighting is defined as voluntary, medically related work provided by an HSO practicing on a full Florida license, and includes additional compensation. It is a professional activity that is not part of the educational program.

House Staff Officers are not required to moonlight and all moonlighting activities are the voluntary choice of the individual HSO. It is the policy of the Jackson Health System/Public Health Trust (JHS/PHT), Physician Services Administration, to process and credential any and all House Staff Officers who wish to engage in moonlighting activities at the JHS/PHT facilities. It is the policy of the JHS/PHT to comply with the Accreditation Council of Graduate Medical Education (ACGME) requirements on House Staff Duty Hours. Time spent in internal and external moonlighting (as defined by ACGME) is counted toward the 80-hr duty limit requirements. J-1, J-1 EFCMG visa holders and PGY 1 residents are **NOT** permitted to moonlight.

**Internal Moonlighting:**

Providing a professional voluntary service to another department or service area within the JHS/PHT, as an independent practitioner under a full Florida medical license. Compensation for internal moonlighting is through the JHS/PHT payroll system.

**External Moonlighting:**

Providing professional voluntary services to another institution other than the JHS/PHT, as an independent practitioner under a full Florida medical license. Compensation for external moonlighting is provided by the outside employer, not the JHS/PHT. Sovereign Immunity Protection under Section 768.28, Florida Statutes or any other JHS/PHT liability insurance coverage does not extend to external moonlighting. The External moonlighting request form MUST be accompanied by a completed Outside Employment form in accordance with JHS Policy and Procedure Code # 311 – Outside Employment.

External moonlighting activities are also subject to the submission of the annual disclosure report by July 1st of each year ("Outside Employment Statement" form) in accordance with Section 2-11(k)(2) of the Miami Dade County Code and Trust Policy and Procedure Policy No. 311-Outside Employment.

**Moonlighting Approval Process:**

The Program Director must determine whether and under what circumstances an HSO will be approved to engage in moonlighting. The appropriate forms must be completed and approved by
the applicable Program Director and DIO. The forms will be maintained in the Housestaff/GME files and the Program Residency file. The following guidelines will be strictly enforced:

1. All House Staff Officers must be credentialed by the Medical Staff and privileges shall be approved prior to being placed on any schedules.

2. All House Staff Officers who are engaged in moonlighting activities must be licensed in the State of Florida for unsupervised medical practice and possess a valid and active license.

3. Exception: All House Staff Officers sponsored by ECFMG (J-1 and J-1 EFCMG visa holders) are prohibited from moonlighting, regardless if they are licensed in the State of Florida per ECFMG regulations/standards. Moonlighting in any form is prohibited.

4. H1B visas are position and employer specific therefore moonlighting is not permitted unless specifically allowed on the visa issued for the training program. H-1B visa holders must have H-1B petitions reviewed to determine if the stipulation for additional compensation/duties location are included in the original H-1B petition, and if an amendment is required to be filed. Any costs associated with an amendment are to be borne by the requesting cost code (not the Housestaff/GME office).

   a. If Housestaff Officers wish to engage in external moonlighting activities while in training, approval must first be granted by the program director and GME office through the moonlighting request process. It is the responsibility of the external moonlighting sponsoring institution (i.e. the JHS/PHT is not the payer/sponsoring institution) to submit a separate H1-B petition specifically for the moonlight activities. The JHS/PHT is not responsible for any costs related to this moonlighting petition. The external moonlighting request form MUST be accompanied by a completed Outside Employment Request Form. All compensation received in external moonlighting is to be reported in accordance with JHS Policy & Procedure No. 311-Outside Employment.

5. House Staff Officers are allowed to moonlight upon approval by the Program Director and Jackson Health System Administration.

6. All House Staff Officers must provide the Medical Staff Office with a letter of good standing from the Program Director that must state the maximum number of hours allowed to work per pay period. (The institution will comply with the Florida Board of Medicine regulations and ACGME requirements).

7. All House Staff Officers shall follow their program policy or Board policy regarding moonlighting activities. Program policy should require that moonlighting will not interfere with Housestaff training responsibilities/schedules as well as stipulate consequences for Housestaff who do not comply with the training program policy.

8. Programs are encouraged to monitor all individual residents moonlighting hours each month to assure that moonlighting activities do not contribute to excess fatigue or detrimental educational performance. Permission to moonlight may be withdrawn if the activities adversely affect House Staff performance.

9. Residents found to be in violation of this policy will be subject to disciplinary action as
detailed in the Collective Bargaining Agreement between the Public Health Trust and the Committee of Interns and Residents (CIR).

10. Housestaff Officers are required to record their moonlighting hours on New Innovations as per Duty hour policy code #513.

11. At their discretion, program directors, department chairs, DIO, and the JHS administration have the authority to prohibit or limit moonlighting activities for any trainee, program or site if they believe such activity not to be in the best interests of the resident, the program, or the institution.

12. Moonlighting must be conducted within the provisions of the JHS and Program specific Duty Hour Policies.

**Voluntary Status:** All participation in moonlighting including ECD must be voluntary and documented in writing. Participation requires continued good standing in their academic training program. Failure to maintain an acceptable performance will result in ineligibility to continue moonlighting. Approvals for moonlighting and ECD must be renewed annually (each academic year, e.g. July 1st of each year).

**Duty Hours Requirements:**
The 80 hour rule is defined as 80 hours averaged over 4 weeks. All moonlighting and extra clinical duty hours must be counted toward the 80-hour work-week limit, and must be in compliance with all other terms of the duty hours standards as set forth in the ACGME Common Program Requirements and in accordance with the collective bargaining agreement. Any moonlighting or extra clinical duty hours must not interfere with the educational objectives of training and not jeopardize patient safety.

All duty hours--extra clinical duties, internal moonlighting, external moonlighting, must be reported timely and tracked in New Innovations.

Failure to report duty hours can result in a trainee’s ineligibility to continue to participate in moonlighting activities.

The failure of a department or service to track their moonlighting hours may result in that department not being allowed to use trainees for extra clinical duties, internal, and/or external moonlighting.

**Sites**
- Additional clinical duties must be within the Jackson Health System
- Internal moonlighting must be within the Jackson Health System
- External moonlighting is considered to be outside the Jackson Health System (including affiliated hospitals)

**Visas**
Program Directors (or GME office or Housestaff office) must verify visa status.

**J-1 and J-1 ECFMG visa holders:** Federal regulations do not permit activity and/or financial compensation outside of the defined parameters of the training program. Moonlighting in any form is prohibited and HSO’s are prohibited from obtaining employment that is not part of their training program.
**H-1B visa holders:** Prohibited from moonlighting unless specifically allowed in their visa. Submit their H1-B documents to the Program Director for review by Legal Counsel to determine whether the stipulation for moonlighting/ECD is part of the Visa. Prior to beginning ICD or internal moonlighting, an H1-B amendment is required to be filed. The cost of the amendment is borne by the appropriate service/cost center, not the GME/Housestaff cost center.

External Moonlighting (paid for by another institution) requires a separate H1-B visa petition to be filed and approved. The cost of this petition is to be assumed by the new/additional petitioner (outside employer).

**Florida Licensing Requirements**

Extra Clinical duties may be performed under a trainee’s training license.

Internal and external moonlighting requires a full Florida License.

**ATTACHMENTS**

Program Director and DIO Approval Form for Internal Moonlighting
Program Director and DIO Approval Form for External Moonlighting
Outside Employment Request Form
Outside Employment Statement
Program Director and DIO Approval Form for Extra Clinical Duties

**REFERENCES:**

JHS/PHT Policy & Procedure No. 379 – Alternate Work Policy – Dual, Joint or Shared Employment
JHS/PHT Policy & Procedure No. 311 – Outside Employment
JHS/PHT Policy & Procedure No. 158 – Conflict of Interest
JHS/PHT Policy & Procedure No. 319–Personal Leave, Leave of Absence, Mandatory Leave, Union Leave
JHS/PHT Policy and Procedure No. 282 – Resident Supervision
JHS/PHT /GMEC Policy and Procedure No. 533 – Duty Hours
Section 2-11 of the Code of Miami Dade County

---

<table>
<thead>
<tr>
<th>Program Director Approval</th>
<th>Extra Clinical Duties (supervised clinical service)</th>
<th>Internal Moonlighting (independent clinical activity)</th>
<th>External Moonlighting (independent clinical activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
</tbody>
</table>

Revised: 2/26/99
Revised: 2/23/01;11/12/02;07/01/2011;
Reviewed: 1/17/02;01/01/05;
Approved by GMEC: 4/2014
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Required</th>
<th>Required</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIO Approval</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JHS Administration Approval</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Duty Hour Reporting and Compliance</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Florida License Requirements</td>
<td>Training License Acceptable</td>
<td>Full Florida License Required</td>
<td>Full Florida License Required</td>
</tr>
<tr>
<td>Credentialing</td>
<td>Not Required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>DEA</td>
<td>Institutional DEA Acceptable</td>
<td>Individual DEA required</td>
<td>Individual DEA required</td>
</tr>
<tr>
<td>Visa Status</td>
<td>J-1 Excluded</td>
<td>J1-Excluded</td>
<td>J1-Excluded</td>
</tr>
<tr>
<td></td>
<td></td>
<td>H1B may require notification or petition</td>
<td>H1B New separate petition required by external sponsor/payor (outside employer)</td>
</tr>
<tr>
<td>Risk Management and Malpractice Review</td>
<td>Review not Required (Employer is the JHS/PHT)</td>
<td>Review not Required (Employer is the JHS/PHT)</td>
<td>Review Required. HSO to provide proof of malpractice policy</td>
</tr>
<tr>
<td>PHT Outside Employment Application</td>
<td>Not Required</td>
<td>Not Required</td>
<td>Required because the payor/employer is other than the JHS/PHT</td>
</tr>
<tr>
<td>Outside Employment Statement</td>
<td>Not required – supplemental payment is through JHS/PHT payroll</td>
<td>Not required – supplemental payment is through JHS/PHT payroll</td>
<td>Required to be filed by July 1 of each year.</td>
</tr>
<tr>
<td>Billing (Trainee)</td>
<td>Not Allowed</td>
<td>May be allowed if criteria is met</td>
<td>May be allowed if criteria is met</td>
</tr>
<tr>
<td>Site Approval</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Method of Payment</td>
<td>Charged to clinical department or service area (not Housestaff/GME budget)</td>
<td>Charged to clinical department or service area (not Housestaff/GME budget)</td>
<td>HSO bills outside entity for services</td>
</tr>
</tbody>
</table>
EXTRA CLINICAL DUTY (ECD) REQUEST AND AUTHORIZATION FORM

Program Director and HSO must complete the form and forward it to the GME office.

You are not approved to perform ECD/moonlighting until you receive approval notification from GME.

Approval is granted for only 12 months or less during a single academic year (July 1 through June 30).

RESIDENT NAME:________________________________________  PGY Level:_______________

RESIDENCY PROGRAM:___________________________________  US Citizen _____ or Visa Status_________

Name/Location of Extra Clinical Duty (ECD):______________________________________________________

Type of Service to be provided:_____________________________________________________________

Days of the Week working:____________________________________ Working Hours (approx.):____________

Date(s) of Activity:_______________________________________________________________________

Rotation during time of ECD activity:_________________ Hours worked during that rotation ____________

HSO ACKNOWLEDGEMENT AND CERTIFICATION:

___ I have read the GME/JHS/PHT Policy on Moonlighting/ECD, and all policies referenced therein and agree to abide by the terms and conditions of these policies.

___ I agree to abide by the terms of the Hospital/GME and Program Duty Hours Policy, and certify that the Moonlighting/ECD hours will be in compliance with the 80 hour per week duty hour rule.

___ I agree to accurately report my ECD/moonlighting hours in New Innovations.

___ I agree that my Moonlighting/ECD activities cannot interfere with my regular training program responsibilities.

___ I certify that I am accepting this assignment voluntarily.

___ I certify that I am eligible to participate in ECD/moonlighting activities (not a PGY-1 or J-1 status; if H1-B, petition must allow for ECD/moonlighting).

___ I understand and accept the ECD/moonlighting rate being provided to me to agree to the ECD/moonlighting assignment.

___ I understand that I many not engage in any ECD/moonlighting activities outside of this approval process.

___ I understand that permission for participation in Moonlighting/ECD may be revoked at any time.

Signature:____________________________________________________ Date:____________________________

PROGRAM DIRECTOR AUTHORIZATION: The above named HSO is in good standing in his/her GME Program, is eligible to participate in ECD/moonlighting activity, and that this activity, when combined with the number of hours per week required of this HSO by our program, will not exceed the guidelines established by our Program’s Duty Hours Policy & Procedures, nor will it interfere with the ability of the HSO to achieve the goals and objectives of the educational Program. I certify that I will monitor the HSO’s activities to ensure compliance with the 80 hour per week duty limits.

Signature of Program Director;_______________________________________ Date:______________________________

GME OFFICE REVIEW AND DIO APPROVAL:

The above named HSO’s ECD/moonlighting activity request has been reviewed. Visa status has been verified and reviewed. If the HSO is an H1-B visa holder, the original petition has been reviewed by legal counsel to determine if the ECD/moonlighting activities are set forth in the initial petition.

Signature of Designated Institutional Officer (DIO); _________________________ Date:______________________________

4/2014
INTERNAL MOONLIGHTING REQUEST AND AUTHORIZATION FORM

Program Director and HSO must complete the form and forward it to the GME office.

You are not approved to Moonlight until you receive approval notification from GME.

Approval is granted for only 12 months or less during a single academic year (July 1 through June 30).

RESIDENT NAME:________________________________________  PGY Level:_______________

RESIDENCY PROGRAM:___________________________________  US Citizen _____ or Visa Status_________

Name/Location of Internal Moonlighting Activity :______________________________________________________

Type of Service to be provided:_____________________________________________________________

Days of the Week working:____________________________________ Working Hours (approx.):____________

Date(s) of Activity:_______________________________________________________________________

Rotation during time of Internal Moonlighting activity:_________________ Hours worked during that rotation __________________

Full Florida Medical License # ___________________  Issue Date:  _____________Expiration Date:_________________

Federal DEA #:________________________________Issue Date:______________Expiration Date:_________________

Credentialing Date:___________________________________

HSO ACKNOWLEDGEMENT AND CERTIFICATION:

___ I have read the GME/JHS/PHT Policy on Moonlighting and all policies referenced therein and agree to abide by the terms and conditions of these policies.

___ I agree to abide by the terms of the Hospital/GME and Program Duty Hours Policy, and certify that the Internal Moonlighting hours will be in compliance with the 80 hour per week duty hour rule and I agree to accurately report my Internal Moonlighting hours in New Innovations.

___ I agree that my Internal Moonlighting activities cannot interfere with my regular training program responsibilities.

___ I certify that I am accepting this assignment voluntarily.

___ I certify that I am eligible to participate in Internal Moonlighting activities (not a PGY-1 or J-1 status; if H1-B, petition must allow for Internal Moonlighting).

___ I understand and accept the Internal Moonlighting rate being provided to me to agree to the Internal Moonlighting assignment.

___ I understand that I many not engage in any Internal Moonlighting activities outside of this approval process..

___ I understand that permission for participation in Internal Moonlighting may be revoked at any time.

___ I understand that it is my responsibility to obtain appropriate credentialing and privileges from the Medical Staff in order to be approved for moonlighting prior to being placed on any schedule.

Signature:____________________________________________________ Date:____________________________

PROGRAM DIRECTOR AUTHORIZATION: The above named HSO is in good standing in his/her GME Program, is eligible to participate in Internal Moonlighting activity, and that this activity, when combined with the number of hours per week required of this HSO by our program, will not exceed the guidelines established by our Program’s Duty Hours Policy & Procedures, nor will it interfere with the ability of the HSO to achieve the goals and objectives of the educational Program. I certify that I will monitor the HSO’s activities to ensure compliance with the 80 hour per week duty limits.

Signature of Program Director:_______________________________________ Date:____________________________

GME OFFICE REVIEW AND DIO APPROVAL: The above named HSO’s Internal Moonlighting activity request has been reviewed. Visa status has been verified and reviewed. If the HSO is an H1-B visa holder, the original petition has been reviewed by legal counsel to determine if the ECD/moonlighting activities are set forth in the initial petition. The HSO has obtained the appropriate JHS/PHT credentialing and privileges.

Signature of Designated Institutional Officer (DIO):________________________________ Date:____________________________

RESIDENT NAME:________________________________________  PGY Level:_______________

RESIDENCY PROGRAM:___________________________________  US Citizen _____ or Visa Status_________

Name/Location of Internal Moonlighting Activity :______________________________________________________

Type of Service to be provided:_____________________________________________________________

Days of the Week working:____________________________________ Working Hours (approx.):____________

Date(s) of Activity:_______________________________________________________________________

Rotation during time of Internal Moonlighting activity:_________________ Hours worked during that rotation __________________

Full Florida Medical License # ___________________  Issue Date:  _____________Expiration Date:_________________

Federal DEA #:________________________________Issue Date:______________Expiration Date:_________________

Credentialing Date:___________________________________

HSO ACKNOWLEDGEMENT AND CERTIFICATION:

___ I have read the GME/JHS/PHT Policy on Moonlighting and all policies referenced therein and agree to abide by the terms and conditions of these policies.

___ I agree to abide by the terms of the Hospital/GME and Program Duty Hours Policy, and certify that the Internal Moonlighting hours will be in compliance with the 80 hour per week duty hour rule and I agree to accurately report my Internal Moonlighting hours in New Innovations.

___ I agree that my Internal Moonlighting activities cannot interfere with my regular training program responsibilities.

___ I certify that I am accepting this assignment voluntarily.

___ I certify that I am eligible to participate in Internal Moonlighting activities (not a PGY-1 or J-1 status; if H1-B, petition must allow for Internal Moonlighting).

___ I understand and accept the Internal Moonlighting rate being provided to me to agree to the Internal Moonlighting assignment.

___ I understand that I many not engage in any Internal Moonlighting activities outside of this approval process..

___ I understand that permission for participation in Internal Moonlighting may be revoked at any time.

___ I understand that it is my responsibility to obtain appropriate credentialing and privileges from the Medical Staff in order to be approved for moonlighting prior to being placed on any schedule.

Signature:____________________________________________________ Date:____________________________

PROGRAM DIRECTOR AUTHORIZATION: The above named HSO is in good standing in his/her GME Program, is eligible to participate in Internal Moonlighting activity, and that this activity, when combined with the number of hours per week required of this HSO by our program, will not exceed the guidelines established by our Program’s Duty Hours Policy & Procedures, nor will it interfere with the ability of the HSO to achieve the goals and objectives of the educational Program. I certify that I will monitor the HSO’s activities to ensure compliance with the 80 hour per week duty limits.

Signature of Program Director:_______________________________________ Date:____________________________

GME OFFICE REVIEW AND DIO APPROVAL: The above named HSO’s Internal Moonlighting activity request has been reviewed. Visa status has been verified and reviewed. If the HSO is an H1-B visa holder, the original petition has been reviewed by legal counsel to determine if the ECD/moonlighting activities are set forth in the initial petition. The HSO has obtained the appropriate JHS/PHT credentialing and privileges.

Signature of Designated Institutional Officer (DIO):________________________________ Date:____________________________
EXTERNAL MOONLIGHTING REQUEST AND AUTHORIZATION FORM

Program Director and HSO must complete the form and forward it to the GME office

You are not approved to Moonlight until you receive approval notification from GME

Approval is granted for only 12 months or less during a single academic year (July 1 through June 30)

RESIDENT NAME:________________________________________  PGY Level:_______________

RESIDENCY PROGRAM:___________________________________  US Citizen _____ or Visa Status_________

__________________________________________________________
Moonlighting Employer:_________________ __________________________ Address:__________________________________

Contact Person:_________________________ Contact phone Number and e-mail address:_________________________________

Type of Service to be provided:_____________________________________________________________

Days of the Week working:____________________________________ Working Hours (approx.):____________

Date(s) of Activity:_______________________________________________________________________

Rotation during time of External Moonlighting activity:_________________ Hours worked during that rotation __________________

Full Florida Medical License # ___________________ Issue Date:  _____________Expiration Date:_________________

Federal DEA #:________________________________Issue Date:______________Expiration Date:_________________

Credentialing Date:___________________________________

HSO ACKNOWLEDGEMENT AND CERTIFICATION:

___ I have read the GME/JHS/PHT Policy on Moonlighting and all policies referenced therein and agree to abide by the terms and conditions of these policies, including the JHS/PHT Policy # 311 – Outside Employment.

___ Attached as part of this request is my Outside Employment Request Form. I understand that I am required to file an Outside Employment Financial Statement by July 1st of each year.

___ I agree to abide by the terms of the Hospital/GME and Program Duty Hours Policy, and certify that the External Moonlighting hours will be in compliance with the 80 hour per week duty hour rule. I agree to accurately report my External Moonlighting hours in New Innovations.

___ I agree that my External Moonlighting activities cannot interfere with my regular training program responsibilities.

___ I certify that I am accepting this assignment voluntarily.

___ I certify that I am eligible to participate in External Moonlighting activities (not a PGY-1 or J-1 status; if H1-B, a separate petition must be filed by the outside employer and must be attached as part of this request).

___ I understand that I many not engage in any External Moonlighting activities outside of this approval process.

___ I understand that permission for participation in External Moonlighting may be revoked at any time.

___ I give the JHS/PHT and my Program Director and Chief of Service permission to contact this moonlighting employer to obtain external moonlighting hours for auditing purposes.

___ While employed in this activity, I will not use or wear any items which identify me as affiliated with the JHS/PHT.

___ I understand that sovereign immunity protection under Section 768.28 of the Florida Statutes or any other JHS/PHT liability insurance coverage does not extend to external moonlighting.

___ I understand that the JHS/PHT assumes no responsibility, obligation or liability whatsoever for my actions in connection with this external moonlighting activity, and that this activity is in no way related to my employment with the JHS/PHT. I hereby release, forever discharge, and waive any and all claims I may have now or in the future arising out of or connected with my outside employment activities against the JHS/PHT, Miami Dade County, and any and all officers, agents, employees, all individually and in their respective official capacities.

Signature:____________________________________________________ Date:____________________________

PROGRAM DIRECTOR AUTHORIZATION: The above named HSO is in good standing in his/her GME Program, is eligible to participate in Internal Moonlighting activity, and that this activity, when combined with the number of hours per week required of this HSO by our program, will not
exceed the guidelines established by our Program’s Duty Hours Policy & Procedures, nor will it interfere with the ability of the HSO to achieve the goals and objectives of the educational Program. I certify that I will monitor the HSO’s activities to ensure compliance with the 80 hour per week duty limits.

Signature of Program Director: ____________________________________________ Date: ______________________

GME OFFICE REVIEW AND DIO APPROVAL: The above named HSO’s Internal Moonlighting activity request has been reviewed. Visa status has been verified and reviewed. If the HSO is an H1-B visa holder, the original petition has been reviewed by legal counsel to determine if the ECD/moonlighting activities are set forth in the initial petition. The HSO has obtained the appropriate JHS/PHT credentialing and privileges.

Signature of Designated Institutional Officer (DIO): __________________________ Date: ______________________