

**Request to Moonlight at a Location Outside of Emory Healthcare Facilities**

I submit this request to be approved to moonlight during the period \_\_\_\_\_ (The period may not be longer than six months);

I agree to have a signed contract to moonlight at \_\_\_\_\_ (Name of hospital(s) or other facility). The contract must state that the facility will provide professional liability insurance coverage with respect to the services that I provide during my moonlighting assignment or that I have my own personal professional liability insurance to cover this moonlighting, for no less than \$1mm per claim and \$3mm in the annual aggregate.

I am fully licensed to practice medicine in the state where the moonlighting will occur;

I am NOT in training on a J-1 visa;

I agree NOT to wear anything identifying me as a trainee in the Emory training program (including, but not limited, to Emory photo ID cards, uniforms, lab coats);

I agree not to exceed any restrictions the training program has regarding the total number of hours I may work per week;

I acknowledge any activities, including moonlighting, which interfere with residency training or impact on my performance in the training program, may be grounds for disciplinary action up to and including my dismissal from the residency program;

I understand I may moonlight only in outpatient settings or in the Emergency Department if I am moonlighting at a hospital related to Emory Healthcare, Grady Hospital, CHOA Hospitals and the VAMC.

By signing below, I attest to the completeness and accuracy of the above information.

\_\_\_\_\_  
Signature of resident requesting permission to moonlight / Date

\_\_\_\_\_  
Print name of resident/ PGY

Request for moonlighting is or is not (circle one) approved

\_\_\_\_\_  
Signature of Program Director / Date