

Resident Last Name: _____ First Name: _____

Program: _____ Program Director: _____

Moonlighting Location: _____

Address: _____ City: _____ State: _____

Moonlighting Location Contact: _____ Phone: _____

Email: _____

Other Documents (Attach with Request Form):

DEA #: _____

Professional Liability Coverage – Name/Address: _____

Other documents are not required when moonlighting at UH, SLH, and CMH.

I understand and affirm the duty hours spent in moonlighting and as a UMKC resident/fellow are not to exceed 80 hours per week, averaged over a four-week period, on rotations where I can take vacation. Additionally, I am allowed to moonlight with program director approval, including periodic review of continued good standing.

Resident/Fellow Signature

Date

Approval and verification of good standing

Program Director Signature

Date

*** Program will upload in Residency Management software and notify GME. Program also to notify resident and keep copy on file in resident record in program files. ***

Administered By:

Phillip Byrne

Phillip D. Byrne, EdD

Associate Dean of Graduate Medical Education