

**Resident and Clinical Fellow Moonlighting Approval Form**  
 School of Medicine, University of California, San Francisco

Trainee Name _____	Date _____
Year of Training (PGY) _____	Training Program _____
Department _____	Program Director _____

<b>Moonlighting Site</b>	
Site Name _____	
<input type="checkbox"/> Internal (UCSF, SFVA, SFGH, or other rotation site) <input type="checkbox"/> External (non-UCSF, non-rotation site)	
Start Date _____	End Date _____
Estimated average number of hours per week working at this site _____	
Supervisor's Name _____	Supervisor's Title _____
Supervisor's Phone _____	Supervisor's Email _____

- The ACGME and UCSF GME policies require program director pre-approval of all moonlighting activity. Any residents or clinical fellows moonlighting without written pre-approval will be subject to disciplinary action.
- All moonlighting is voluntary.
- All moonlighting counts towards the weekly 80-hour duty hour limit.
- All internal moonlighting must be supervised by faculty and is not to exceed the level of clinical activity and responsibility of the training program. Trainees may not function as independent practitioners while moonlighting internally.
- All internal moonlighting must be documented in the trainee's rotation schedule in E\*Value.
- External moonlighting is not covered under UC medical malpractice insurance. The trainee is responsible for ensuring he/she is appropriately covered for all external moonlighting activities.
- Moonlighting activities must not interfere with the resident or clinical fellow's training program. It is the responsibility of the trainee to ensure that moonlighting activities do not result in fatigue that might affect patient care or learning.
- The program director will monitor trainee performance to ensure that moonlighting activities are not adversely affecting patient care, learning, or trainee fatigue. If the program director determines resident or clinical fellow performance does not meet expectations, permission to moonlight will be withdrawn.

By signing below I acknowledge that I have carefully read and fully understand the moonlighting policies of my program, UCSF GME, and the ACGME. I will obtain prior approval from my program director if any information regarding my moonlighting activity changes, including hours, location, type of activity, and supervisor.

Trainee Signature _____	Date _____
Program Director Signature _____	Date _____