

**Permission to Engage in Moonlighting  
University of Tennessee College of Medicine Chattanooga Graduate Medical Education**

As Program Director for the \_\_\_\_\_ Program, I grant permission for Dr. \_\_\_\_\_ (full name), PGY-\_\_ in the \_\_\_\_\_ Program, to engage in moonlighting activities outside the program. Dr. \_\_\_\_\_ will be moonlighting a maximum of \_\_\_\_ hours per month at the following institution: \_\_\_\_\_, in \_\_\_\_\_ (City, State).

Describe the patient care role and responsibilities of Dr. \_\_\_\_\_ in the moonlighting experience:

Check if this moonlighting experience occurring within the primary clinical training site: \_\_\_\_\_

Dr. \_\_\_\_\_'s performance will be monitored for the effect of these activities upon performance in the Residency or Fellowship program. Adverse effects will lead to withdrawal of permission. This statement will be made part of Dr. \_\_\_\_\_'s file.

Dr. \_\_\_\_\_ understands that he/she must have a full and unrestricted license to practice in the appropriate state, and that the State Claims Commission Act does not cover moonlighting activities. He must provide his/her personal malpractice protection for these activities or be covered by the facility in which he/she is moonlighting. Dr. \_\_\_\_\_ also understands that the total hours worked in patient care (whether as a Resident\*, Fellow, or moonlighting physician) complies with the program's and institution's Duty Hour regulations.

Copies of monthly moonlighting hours will be submitted by the Resident or Fellow and maintained with this approval by the department. Moonlighting hours must be reported as Duty Hours and must not cause any violations from ACGME duty hours requirements.

Approval: \_\_\_\_\_  
(name) \_\_\_\_\_ Date \_\_\_\_\_  
Residency Program Director, (Indicate Program Specialty)

Acknowledgement: \_\_\_\_\_  
Signature, Associate Dean and DIO \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Signature, Resident \_\_\_\_\_ Date \_\_\_\_\_

\*The term "Resident" refers to both Resident and Fellow trainees.  
Revised and Approved by the GMEC 5/5/2017. Administrative edits 5/6/2019.