

Permission to Moonlight

Resident Name:

Program Year:

States in Which
Moon-lighting is
Located:

Moonlighting as a
Radiologist? (Y/N):

If Not Moonlighting as a
Radiologist, Briefly
Describe Moonlighting
Experience:

Moonlighting Attestation

(See the UT GME policy on Moonlighting for all conditions.)

I, _____ verify that (check each):

- ☐ I have discussed my desire to moonlighting with the program director;
- ☐ I have obtained a medical license(s) in the state(s) in which I will moon light; I have included a copy of the license(s) is in my Learning Portfolio*;
- ☐ I have obtained personal malpractice insurance and have included proof in my Learning Portfolio**;
- ☐ I will adhere to the ACGME's rules governing duty hours and fatigue; and
- ☐ I will log all duty hours associated with moonlighting in New Innovations.***

*UT policy requires that residents obtain appropriate a state medical license where moonlighting occurs.

The Tennessee Claims Commission Act, which provides malpractice coverage to all residents in educational programs in Tennessee, **does not cover residents who are moonlighting. Separate malpractice insurance **is required** for moonlighting.

*** If duty hours rules cannot be followed and/or the moonlighting experience causes fatigue and/or disruptions of the resident's education responsibilities, permission to moonlight may be revoked.

If residents chose not to moonlight, complete the following:

- ☐ I verify that currently I will not and no not intend to moonlight as a radiologist during this program year.
- ☐ I will not moonlight without the written permission of the program director.

Signature of Resident:

Signature of Program Director:

Date:

Date: