

Emergency Medicine Moonlighting Form

Resident Name: _____

Location: _____

Address: _____

Supervisor's Name: _____

Contact Phone: _____

Name of person to contact for copy of schedule: _____

Anticipated number of shifts and hours/month: _____

“EXTRA CURRICULAR” ACTIVITY AND MOONLIGHTING POLICY

*Synergy Medical Emergency Medicine residents are limited to a maximum of 50 hours of total moonlighting per month. **All moonlighting must be pre-approved by the Program Director and may be adjusted at his/her discretion.** A monthly schedule must be given to the Program Director by the first day of each month. This schedule must show your moonlighting shifts or you must present a written statement that you are doing no shifts that month. Failure to present one of these two documents each month after you start to moonlight will result in loss of moonlighting privileges.*

Moonlighting hours are part of the “duty hours” of the resident and cannot exceed 72 hours (including conference and all other residency related activities) per week and a total of 60 hours of emergency department service per week. All other rules regarding the schedule must be followed (per the EM policy manual). Moonlighting privileges will be revoked or modified if “extra curricular” activities interfere in any way with the requirements of the residency.

Moon lighting and other activities, not part of the residency, are NOT covered by Synergy Medical's malpractice insurance policy.

**Program Directors will not write a recommendation letter. They are able to write a letter of confirmation that you are currently a resident in good standing within the program. Please feel free to ask other faculty members for letters of recommendation.

Resident's Signature: _____ Date: _____

Director's Signature: _____ Date: _____