

# LSUHSC HemOnc Fellowship Moonlighting Form

Fellow Requesting Moonlighting: \_\_\_\_\_ PGY \_\_\_\_

Hours to be worked per week: \_\_\_\_\_

Dates of Moonlighting Activity: \_\_\_\_\_

I understand the following:

- ACGME requires Program Director pre-approval of all moonlighting activity.
- External moonlighting is defined as work for pay performed at a site that does not participate in my training Program.
- All moonlighting is voluntary.
- All external moonlighting must be documented in my rotation schedule (including days, hours, and location) in order to comply with Medicare reimbursement requirements for GME.
- This activity is not to interfere with my training, including my learning and/or patient care. If it contributes to undue fatigue, I will immediately cease all external moonlighting activities.
- There will be a periodic review of my training performance and if it is less than expected, permission to moonlight will be withdrawn.
- I understand that while engaged in external moonlighting, I am not covered under the University's professional liability insurance program because I am acting outside the scope of my training Program and my University employment. I am responsible for obtaining my own professional liability insurance coverage (either independently or through the entity for which I am moonlighting).
- Any resident or ACGME fellow who moonlights without permission will be subject to disciplinary action.

The following identifies the contact information for the location at which I plan to moonlight. I will obtain prior approval for any changes in location, activity or hours.

Supervisor's contact information: name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

By signing and dating this form, I acknowledge that I have carefully read and fully understand the foregoing regarding external moonlighting activity.

Trainee signature: \_\_\_\_\_ date: \_\_\_\_\_

Approved: \_\_\_\_\_

Perry G. Rigby, MD  
Program Director- LSU HemOnc

