

**Acknowledgement of policy regarding extracurricular medical activities for trainees of Louisiana State University School of Medicine programs**

I understand that I must make a request to, and receive the explicit permission of, my Department Head at the School of Medicine (or Chief of Service at free-standing affiliated training programs) before engaging in any extracurricular medical practice. Further, I understand that I must receive such permission for any additional extracurricular medical practice which differs in location or nature from that which may have originally been approved, or for any substantive change (increase in frequency or duration) from that which may have been originally approved.

Foreign Medical Graduates sponsored for clinical training as a J-1 by ECFMG are not allowed to moonlight or perform activities outside of the clinical training program.

For purposes of this Acknowledgment, “extracurricular medical practice” activities shall mean medical practice which is not an official part of the undergraduate medical education program, or any post-graduate training medical education program of the School, or any of the School’s free-standing affiliated post-graduate medical education programs.

I understand that the School, by its approval of permission to participated in extracurricular medical practice, is not a party to any such arrangement, nor will the School furnish medical malpractice insurance for extracurricular medical practice, nor defend any claim made against me (malpractice or otherwise) that arises out of, or is in connection with, any extracurricular medical practice.

\_\_\_\_\_  
*Signature of Trainee* (Date)

\_\_\_\_\_  
PRINTED NAME OF TRAINEE:

\_\_\_\_\_  
*Signature of Department Head* (Date)  
(Or Chief of Service)

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PRINTED NAME OF DEPARTMENT HEAD  
(Or Chief of Service)