GRADUATE MEDICAL EDUCATION
Moonlighting Procedures

Internal Moonlighting
For internal moonlighting it is the program director’s responsibility to work with the respective department personnel to make the initial determination of the appropriateness of the proposed moonlighting activities.

There are three types of Internal Moonlighting Activities:
1. **Non-Clinical**: Where activity does not require that the incumbent hold a medical license. (examples include registration of patients in clinical trials, participation in development of institution sponsored IT applications):
   - Trainee does not need a permanent medical or DEA license;
   - Trainee does not require additional malpractice insurance;
   - Trainee does not require credentialing as an Clinical Staff member; and
   - Trainee may require supervision in this role depending on duties.

2. **Clinical, functioning as a Trainee** (examples include Trainees in a Research year covering clinical duties in their own program; Trainees taking on additional duties to cover for a short term staffing shortage in their own program; Trainees from one program covering another program so the first program can hold a retreat):
   - Trainee does not need a permanent medical or DEA license;
   - Trainee does not require additional malpractice insurance;
   - Trainee does not require credentialing as an Clinical Staff member; and
   - Trainee DOES require supervision by a Clinical Staff member.

3. **Clinical, functioning as an LIP/Clinical Staff member** (examples include In-house Rescue Physician for Adults):
   - Trainee must hold a permanent medical license and her/his own personal DEA license;
   - Trainee must be credentialed by the Clinical Staff Office (CSO) as a Clinical Staff member. Credentialing by CSO involves obtaining a contract and additional malpractice insurance;
   - Credentialing through the Clinical Staff Office for that role cannot begin before the DIO approval;
   - Trainee cannot function as a Clinical Staff Member in her/his own training program;
   - Trainee CANNOT bill for services; and
   - Trainee DOES NOT require supervision in this role.

External Moonlighting
There are two types of External Moonlighting Activities:
1. **Non-Clinical**: Where medically related activity does not require that the incumbent hold a medical license.
   - The training license, DEA license and malpractice coverage provided for GME trainees are NOT extended to work performed outside of the training program. Therefore, requirements to function externally in a nonclinical role will vary depending on the job description and the external facility’s stipulations.
   - Documentation required by GME in order to approve moonlighting applications in this category will be handled on a case by case basis.

2. **Clinical, functioning as an LIP/Attending** (examples include working at the Transitional Care Hospital (TCH), Prompt Care or Western State Hospital):
   - Trainee must hold a permanent medical and her/his own DEA license.
   - Trainee is responsible for completing the external institution’s credentialing requirements (UVA’s Clinical Staff Office credentials providers for the TCH; however, the TCH is considered external because it is not a part of the sponsoring institution for GME programs,).
   - Trainee is responsible for obtaining her/his own malpractice insurance. The liability coverage provided for GME trainees is NOT extended to work performed outside of the training program.
   - Trainee does not require supervision.
GME Moonlighting Application

Trainee Name: ____________________________________________________________________________________

Current Training Program: ___________________________ Current PGY Level: ___________

Where will you be moonlighting? (Print name of facility): _______________________________________________________________________________________

Dates Requested: _______________________________________________________________________________________

Description of duties: _______________________________________________________________________________________

__________________________________________________________

Estimated Hours per Shift: _______________ Estimated Shifts per Month: ___________________

IS THIS A RENEWAL? ______ IF SO, YOU DO NOT NEED TO RESUBMIT THE REQUIRED DOCUMENTS.

I will be moonlighting as [Check One]:

**INTERNAL MOONLIGHTING (at UVA)**

<table>
<thead>
<tr>
<th></th>
<th>Clinical as a Trainee</th>
<th>Clinical as an Attending</th>
<th>Non Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>• Use your own training license and training malpractice</strong></td>
<td><strong>• Attach copy of permanent medical license</strong></td>
<td><strong>• Requirements will vary depending on the job description</strong></td>
</tr>
<tr>
<td></td>
<td><strong>• Requires supervision by an Attending</strong></td>
<td><strong>• Attach copy of independent DEA license (DEA fee may be waived for UVA faculty, see CSO for details).</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Who will be supervising you?</td>
<td><strong>• Must be credentialed by the Clinical Staff Office (CSO) who will assist you in obtaining your independent malpractice. CSO will be notified when GME approves your moonlighting application so that your credentialing can begin.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>______________________ (print name of Attending or Faculty sponsor for this activity)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXTERNAL (at facilities not owned by UVA, including TCH)**

<table>
<thead>
<tr>
<th></th>
<th>Clinical as an Attending</th>
<th>Non Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>• Attach copy of permanent medical license</strong></td>
<td><strong>Requirements will vary depending on the job description and the outside facility’s stipulations</strong></td>
</tr>
<tr>
<td></td>
<td><strong>• Attach copy of independent DEA license</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>• Attach copy of independent malpractice insurance</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>• Must complete outside institutions’ s credentialing requirements (note that UVA’s Clinical Staff Offices credentials for TCH)</strong></td>
<td></td>
</tr>
</tbody>
</table>

Rev March, 2018
Please read and sign the following.

I certify that:

• I understand that my UVA DEA license and my UVA malpractice insurance do not cover me while I moonlight outside of the UVA facility.
• I have read the Moonlighting Policy and understand outside employment is not an excuse for poor job performance, absenteeism, tardiness, early departure, or refusal to accept additional training assignments. I will inform the Program Director of any changes, corrections, or additions to moonlighting location, schedule, duties or work hours.
• I understand that hours spent moonlighting count towards the 80 hour weekly limit and that I will record regular rotation hours as well as moonlighting hours (in New Innovations) for the duration of the time I engage in Moonlighting.
• I understand that this approval can be revoked at any point by either the Program Director or DIO as outlined in the GME Policy 11.

Trainee Name: __________________________________________________________ Date: ______________

Trainee Signature: ______________________________________________________________________________

Program Director Acknowledgement

For Moonlighting Internally as a Trainee:
I attest that this trainee will work under the supervision of a faculty member at all times. This resident may not bill for any services provided, and, similar to required residency rotations, his/her scope of practice is based upon level of training and experience as defined in departmental policies.

I acknowledge that I am responsible for monitoring duty hours and fatigue on all graduate medical trainees participating in all moonlighting activities.

For Moonlighting as an Attending (Internal or External):
I attest that the graduate medical trainee has already achieved competency in the expected area of the clinical care and can function as an independent practitioner.

I acknowledge that I am responsible for monitoring duty hours and fatigue on all graduate medical trainees participating in all moonlighting activities.

Program Director Name: __________________________________________________________ Date: ______________

Program Director Signature: ______________________________________________________________________________

Approved: __________________________________________________________ Date: ______________
Susan E. Kirk, MD, Designated Institutional Official

COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED TO THE GME OFFICE FOR APPROVAL. (Kevin Foley kjf2va@hscmail.mcc.virginia.edu or fax 434-244-9438)
YOU MUST NOT BEGIN MOONLIGHTING UNTIL YOU HAVE RECEIVED GME APPROVAL AND, IF INDICATED, ANY REQUIRED CREDENTIALING.