

RESIDENT MOONLIGHTING REQUEST
(To be submitted no less than 2 weeks prior to planned activity.)

1. Approval is requested for _____ to
Name of Resident PGY-level
participate in a moonlighting activity (for compensation) during time that he/she
is not required to participate in his/her residency program sponsored by the KUSM-W.

2. This moonlighting will occur at:
Location(s)

3. The resident has a full license issued by the Kansas State Board of Healing Arts and has
an individual DEA registration number.

License # DEA registration # DEA expiration date

4. The resident is covered by a personal malpractice insurance policy in an amount no less
than one million dollars per occurrence/three million dollars annual aggregate. A copy
of the certificate of insurance must be attached to this form submitted to the WCGME
office.

Policy Number Effective Date Expiration Date

***A new moonlighting request form will need to be completed and submitted with every new Certificate of Insurance.**

5. As Program Director, I verify the resident is in good standing and recommend that the
resident is approved for such moonlighting.

Program Director's Signature Date

6. I request permission to participate in the moonlighting activity identified above. I
understand that it constitutes an extracurricular activity falling outside the confines of
my formal residency program. I understand these hours count toward the 80hour/week
duty hour maximum.

Resident's Signature Date

**FORWARD FOR APPROVAL TO: Wichita Center for Graduate Medical Education
1010 N. Kansas
Wichita, KS 67214-3199**

Reviewed by:

Chief Operating Officer Date