The University of Kansas School of Medicine-Wichita
Division of Graduate Medical Education

RESIDENT MOONLIGHTING REQUEST

*Only residents at PGY-2 level or above and those who have a full and unrestricted Kansas license may moonlight.
*All requests for moonlighting privileges must be submitted to the Program Directors Office and approved prior to the moonlighting activity.

I request approval to participate in the moonlighting activity identified below. I acknowledge that it constitutes an extracurricular activity not related to my KUSM-W residency program; that I will be serving as a free agent entirely responsible for my professional activities; that this moonlighting activity will **not** be covered by my state-provided professional liability insurance; and that I must document the existence of **current** professional liability insurance with limits of not less than $1,000,000/$3,000,000 that will cover the activity.

Resident's Name: _____

Residency Program: _____PGY-Level _____

Kansas License: Number _____ Expiration Date _____

DEA Registration: Number _____ Expiration Date _____

Moonlighting Insurance: (Copy of Certificate of Insurance must be attached to the copy of this form going to the WCGME Office.)

Policy Number _____Effective Dates _____to_____

Location(s) For Moonlighting Activity: _____

Maximum Hours per Month: _____

Time Period Approved for Moonlighting From _____ To _____
(Form must be completed at least annually) (month/year) (month/year)

_____ _____
(signed) (date)

APPROVED: _____ _____
(Program Director) (date)

****

FOLLOWING APPROVAL:
White copy: Residents Program File
Yellow copy: WCGME/Associate Dean G.M.E. (Must include Certificate of Insurance)
Pink copy: Resident

3/02