

**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	Date	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
(signed) (date)

APPROVED: \_\_\_\_\_  
(Program Director) (date)

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FOLLOWING APPROVAL:

White copy: Program Director

Green copy: WCGME (Must include Certificate of Insurance)

Yellow copy: Dean, KUSM-W

Pink copy: Resident

Goldenrod copy: Dept Chairman