

EXTRACURRICULAR EMPLOYMENT REQUEST FORM

Resident/Fellow must answer the following questions legibly on this form.

1. Name: _____
 2. Clinical PGY training level currently in your current program: _____
 3. Program Name _____ Department _____
 4. Is this considered moonlighting or extra sessions? (check one) _____ EXTRA SESSIONS _____ MOONLIGHTING
- Note: Moonlighting requires expertise in the field/service and an independent Maryland license; Extra Sessions require supervisory oversight (direct or indirect) and does not require independent license, but should be related to the current program training.
5. Institution where you will be working: _____ Start date _____ End Date _____
 6. Anticipated number of hours each week you plan to work on this activity: _____ hrs/week
 7. Field/or Service for this activity: _____
 8. Your clinical training-years in this Field/or Service: _____

Note: this answer may differ from your response to #2.

For **Moonlighting** please respond to these questions

9. What entity is providing your malpractice coverage?

10. What is the policy # _____

11. Does the policy include tail coverage? _____

Attach insurance rider as proof of coverage.

For **Extra Sessions**, please respond to these questions

9. Who will be providing direct/indirect supervision of you?

Note: please provide supervising physician name(s)

Graduate Medical Education must confirm the following for Moonlighting only:

12. The resident(s) has(ve) licensure/training/skills for described activity: _____ yes _____ no

_____ Graduate Medical Education signature _____ date

MMCIP (self-insurance trust) must confirm the following for Moonlighting and Extra Sessions:

13. Malpractice certificate has (have) been received by UMMC ____ Yes ____ No ____ N/A

MMCIP confirms insurance coverage meets required minimum of \$1million occurrence/\$3 Million aggregate? ____ Yes ____ No

_____ MMCIP signature _____ date

My signature acknowledges the above information as true and my intent to follow UMMC Procedure No. GMS I

Resident/Fellow signature _____ date _____ (print name) _____

Program Director signature _____ date _____ (print name) _____