RUTGERS HEALTH

FORM 1 - TRAINEE MOONLIGHTING REQUEST & ATTESTATION

A. Trainee Information

Name: _____
Program: _____
PGY Level: _____
Primary Training Site/Hospital: _____
Email / Phone: _____
Visa Status (U.S. citizen, EAD, J-1, other): _____

B. Moonlighting Site & Position

Type of Activity:
☐ Clinical (moonlighting as a physician) ☐ Non-clinical outside professional activity

Name of Employer / Clinical Site: _____
Site Address: _____
Contact Person at Site: _____ Phone: _____
Position/Title (e.g., Hospitalist, ED physician): _____

C. Description of Duties

Briefly describe your duties and how they differ from your current training responsibilities. Please confirm that this work is outside the scope of your ACGME program duties. For non-clinical activities, describe how the work may affect time commitment, work hours, or fitness for duty.

_____
_____
_____

D. Schedule and Hours

Anticipated start date: _____ Anticipated end date: _____
Estimated number of shifts per month: _____
Typical shift length (hours): _____
Average weekly moonlighting hours: _____

Will you moonlight during months when you have on-call responsibilities?
☐ Yes ☐ No

If Yes, will your total weekly hours (training + moonlighting) ever exceed the 80-hour limit (averaged over four weeks)?
☐ Yes ☐ No

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E. Licensure & Malpractice

State license type and number (unrestricted): _____
License expiration date: _____

☐ Malpractice Certificate of Insurance **(must be attached to this request)**

F. Billing (Internal Moonlighting Only)

Will billing occur for this internal moonlighting arrangement?

☐ Yes – Services will be billed under the Physician Fee Schedule, and documentation will meet CMS criteria for moonlighting residents (42 CFR 415.208).

☐ No – Services will not be billed.

If Yes, I attest that:

- The services will be identifiable physician services;
- I hold a full and unrestricted license in the state where services are performed;
- The services will be separately identifiable from my GME duties and documented accordingly.

G. Immigration / J-1 Supplemental Clinical Activity

☐ Not in J-1 status

☐ I am in J-1 status and will submit a supplemental clinical activity request to Intealth after PD and GME approval. I understand that I may not begin internal moonlighting until Intealth approval is obtained.

H. Trainee Attestations

By signing below, I attest that:

1. Moonlighting is voluntary and not a requirement of my program or employment.
2. The proposed work is outside the scope of my required GME program duties.
3. I am in good academic and professional standing and am not currently in a period of concern or probation.
4. I will comply with all ACGME duty-hour limits, log all moonlighting hours accurately and on time, and notify my Program Director if total hours approach or exceed duty-hour limits.
5. I will cease moonlighting if I am no longer in good standing or if instructed to do so by my Program Director or the GME office.
6. I will maintain all required licensure and malpractice coverage and will provide documentation upon request.
7. I have completed or will complete required Rutgers and/or RWJBH outside activity/COI disclosures (e.g., OAQ) reflecting this work.

Trainee Signature: _____ **Date:** _____