

FORM 2 – PROGRAM DIRECTOR REVIEW AND APPROVAL

Trainee Name: _____
Program: _____

Program Director Assessment

- ☐ The trainee is currently in good academic and professional standing and is not in a period of concern (remediation) or probation.
- ☐ I have reviewed the proposed moonlighting duties and schedule. The work is outside the scope of required program duties and is distinguishable from the trainee's current educational activities.
- ☐ In my judgment, the proposed moonlighting will not interfere with the trainee's ability to meet educational requirements, maintain duty-hour compliance, or provide safe patient care.
- ☐ I will monitor the trainee's performance, work hours, and professionalism for any adverse effects related to moonlighting and will recommend withdrawal of permission if concerns arise.

Additional comments or conditions (optional):

B. Recommendation

☐ Approved ☐ Not Approved

Program Director Name (print): _____

Signature: _____ Date: _____