Attachment

Resident Application for Moonlighting
Department of Anesthesia, Critical Care and Pain Medicine

Date: _____ Resident Name: _____

Dear Dr. Jeanine Wiener-Kronish (Chief) and Dr. Daniel Saddawi-Konefka (Program Director):

I hereby request permission to engage in professional activities outside the scope of my residency/fellowship training program (i.e., "moonlighting"). Specifically, I request permission to work at the following health care facilities:

(Note: include "home" institution/s, if applicable)

Provide location and address of ALL moonlighting sites (use additional paper if needed):

1. Hospital:	
Address:	
	Phone:
Proposed Activity:	# Hours you expect to work per week
	# Hours you expect to work per month:
2. Hospital:	
Address:	
	Phone:
Proposed Activity:	# Hours you expect to work per week
	# Hours you expect to work per month:
3. Hospital:	
Address:	
	Phone:
Proposed Activity:	# Hours you expect to work per week
	# Hours you expect to work per month:

MASSCHUSETTS MEDICAL LICENSE NUMBER _____

FEDERAL DEA NUMBER: _____

MASS CONTROLLED SUBSTANCE REGISTRATION NUMBER: _____

Total anticipated number of hours of moonlighting per week: _____ per month _____

I have completed my **CRICO Extension Form**, obtained the signature of the Chairman of the Department of Anesthesia, Critical Care and Pain Medicine and returned this form to the MGH Professional Staff Consultant (copy to Chief Residents and to Residency Coordinator) on _____ (date).

I will not allow my duty hours (i.e., the sum of time spent in the training program plus time moonlighting internally and externally at other sites) to exceed 80 hours per week (averaged over 4 weeks). I recognize that the residency/fellowship program is my highest professional priority and I will not let additional professional activities interfere with this. I have read and understand the DACCPM Moonlighting Policy as well as the Partners Graduate Trainee Moonlighting Policy and will abide by them.

Signature of Graduate Trainee: _____DATE: _____

APPROVED BY: _____(Chief or Program Director) DATE: _____

As required by the ACGME, the program director must ensure that a copy of this letter is kept in the trainee's file.