Letter between Graduate Trainee Requesting Moonlighting Privileges

and the Program Director

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Program Director):

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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:

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will limit the hours of moonlighting to a maximum of 32 per month, and will not allow my duty hours (i.e., the sum of time spent in the training program plus time moonlighting) to exceed limits set by the program director *and by the ACGME and the Neuroradiology Fellowship Program RRC. The RRC duty hours requirements include: Trainee must abide by the 80 hour rule*. 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 Partners Graduate Trainee Moonlighting Policy and will abide by it.

Sincerely,

(Signed by Graduate Trainee) (Date)

Approved by:

(Program Director) (Date)

*The program director must ensure that a copy of this letter is kept in the trainee's file.*