REQUEST FOR RESIDENT MOONLIGHTING

Department: _____

_____ requests permission to engage in a limited practice of medicine for
(Resident/Fellow)
compensation during time not required for training in their University of Kansas Medical Center training program.

This practice of medicine will take place at _____.
The amount of limited practice will be no more than **96 hours per two months**.

This resident has a permanent license to practice medicine in the state of _____; the license number is _____. A photocopy of that license is attached to this request.

This practice of medicine for compensation will incur no malpractice liability to the University of Kansas Medical Center. This housestaff officer is covered by a personal or hospital group malpractice insurance policy in an amount no less than that provided by the state for the resident's usual activities. Policy number _____, issued by _____ is on file in the Program Director's office. A photocopy of that policy is attached to this request.

The resident acknowledges that the Program and the GME Administration have the authority to rescind permission for this moonlighting activity if they believe that the resident's education, welfare, or ability to provide safe patient care is in jeopardy, or that there is non-compliance with the above stated requirements.

_____ _____
Program Director and Chair/Division Director Date

_____ _____
Resident Date

Approved by:

_____ _____
Associate Dean for Graduate Medical Education Date
University of Kansas Medical Center

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Associate Dean for Graduate Medical Education Date
University of Kansas Medical Center

THE UNIVERSITY OF KANSAS MEDICAL CENTER
DIVISION OF METABOLISM, ENDOCRINOLOGY & GENETICS

Endocrinology Fellows' Procedure Log

Date	Patient Name	MR#	DOB	Procedure	Diagnosis/Indication	Attending	Comments/Complications