Moonlighting Permission for Pathology House Staff

_____ has permission to moonlight for *(name, address and telephone number of facility where you will be moonlighting)*

_____

_____

_____

_____

from July 1, _____ until June 30, _____.

(Initial all)

_____ The resident/fellow understands that moonlighting is not a requirement of pathology training and is usually discouraged except in certain circumstances.

_____ The resident/fellow understands that all moonlighting activities must be consistent with ACGME requirements for sufficient time for rest and restoration.

_____ Moonlighting must never interfere with the goals and objectives of one's pathology training program.

_____ Resident/fellows will track their own moonlighting hours monthly. Inaccurate documentation of hours, or hours inconsistent with the ACGME requirements will lead to immediate suspension of moonlighting privileges and disciplinary action.

_____ The training director reserves the right to suspend moonlighting privileges in the event that moonlighting is deemed to be interfering with the regular training and education process.

_____ _____

Program Director Date Pathology Resident/Fellow Signature Date

_____

Resident/Fellow printed name Date