

**CAROLINAS MEDICAL CENTER  
DIVISION OF MEDICAL EDUCATION  
POLICY FOR RESIDENT MOONLIGHTING**

*Created: 1987*


*Revised: 3/93, 8/95, 12/97, 8/17/07, 11/12*

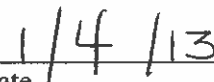
*Reviewed: 8/01, 2/03, 7/03, 11/04, 1/07, 9/08, 11/12*

1. **Definition: Resident moonlighting is defined as working for compensation in addition to performing the regular duties as a resident at Carolinas Medical Center.**
2. Moonlighting is not encouraged but allowed when in compliance with this policy **and** approved by the resident's Program Director.
3. Moonlighting activity must not interfere with the resident's duties related to any aspect of the Residency Training Program, including the quality of services performed or the educational experiences.
4. Moonlighting is strictly forbidden at times when a resident is either on-service or on-call for a service (even if he or she is on-call but not required to be constantly in-house.)
5. Moonlighting activities should not violate the principles of good medical care, should be acceptable to the general medical community, and should be a legitimate, professional, medically-oriented activity.
6. \* Prior to engaging in moonlighting activities, a resident must complete the attached form and submit it to the director of his or her training program for approval. This will allow the Residency Program Director to assess the appropriateness of the activities and maintain a registry of moonlighting activities in the department. This form must also be submitted to the DIO for final approval.
7. \* The moonlighting resident may not represent to the patients, the public, or others that he or she is moonlighting on behalf of Carolinas Medical Center or with its or the System's authority.
8. Should notification and approval not occur when a resident is engaging in moonlighting activities, disciplinary action may result. This action may include loss of moonlighting privileges, or even suspension or dismissal from the training program.
9. All moonlighting work hours must count toward all duty hour restrictions.
10. In order to moonlight, the resident must have successfully completed their PG-1 year. In addition, the resident must have:
  - \* a full-unrestricted valid North Carolina license to practice medicine, not just a Resident's Training License;
  - \* a valid Drug Enforcement Administration number – not just the suffix to the hospital's DEA number. (The office of the Senior Vice President for Education and Research must be provided with a copy of the DEA certificate);
  - \* adequate professional liability insurance (minimum of one million/ three million separate from that provided by Carolinas Medical Center for his or her residency activities, and provide certification from the insurance carrier unless prior approval is obtained to be covered under the institution policy.

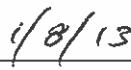
11. According to the ACGME "Moonlighting must not interfere with the ability to achieve the goals and objectives of the educational program. The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following: assurance of the safety and welfare of patients entrusted to their care; provisions of patient- and family-centered care; assurance of their fitness for duty; management of their time before, during and after clinical assignments; recognition of impairment, including illness and fatigue, in themselves and in their peers."

*\*Pertains only to external Non-CHS moonlighting activity.*

  
\_\_\_\_\_  
Mary N. Hall, M.D.  
DIO, Deputy Chief Academic Officer  
Division of Medical Education

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Spencer Lilly  
President, Carolinas Medical Center

  
\_\_\_\_\_  
Date

**CAROLINAS MEDICAL CENTER  
DIVISION OF MEDICAL EDUCATION  
APPLICATION FOR MOONLIGHTING PRIVILEGES**

Applicant's Name \_\_\_\_\_

Proposed Site for Moonlighting Activity (Name of Clinic, ED, etc.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Briefly describe duties: \_\_\_\_\_  
\_\_\_\_\_

Approximate hours (week/month) \_\_\_\_\_

Responsible Physician at Moonlighting Site \_\_\_\_\_

Street Address/City, State, Zip \_\_\_\_\_

***"I have a valid NC Medical License" (other than a Resident's training License. Attach copy)***

Yes \_\_\_\_\_ No \_\_\_\_\_ License Number \_\_\_\_\_

***"I have a valid DEA Number" (separate from hospital DEA, Attach copy.)***

Yes \_\_\_\_\_ No \_\_\_\_\_ DEA Registration Number \_\_\_\_\_

***"I have adequate malpractice insurance (one million/three million minimum) other than CMC-provided coverage, to cover activities described". Yes \_\_\_\_\_ No \_\_\_\_\_***

Covered by Institutional Policy Agreement: Yes \_\_\_\_\_ No \_\_\_\_\_

***"I understand that the moonlighting activities should in no way interfere with my duties in the Residency Training Program."***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residency Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Corporate Insurance Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
DIO

\_\_\_\_\_  
Date

## Resident Moonlighting/Payroll Request

Date of Request: \_\_\_\_\_ Charge to Performance Center : \_\_\_\_\_

Requested By: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Utilize this form to request salary payment for resident moonlighting. Complete all sections indicated and send completed forms to the Vice President with the Division of Medical Education for authorization. Once authorized, the form should be sent to CMC Payroll or you may fax the form to 704-631-0101.

Once this form is received by the Payroll Department, the information will be entered for processing on the next available pay period. Keep a copy of this form for your records as the original will be retained by the Payroll Department.

For questions, please call the Payroll Department at 704-631-0100.

Employee ID#	Resident Name	Payment Amount	Rate Per Hour	Hours Worked	Date Worked

### Payroll Office Only

Entered Pay Period  
Ending \_\_\_\_\_ Initials \_\_\_\_\_