

## **Diagnostic Radiology Resident's Request to Participate in Moonlighting Activities**

I request permission to engage in moonlighting activities as described below. I currently moonlight or have plans to moonlight at the following locations (include telephone numbers):

In a typical month, I plan to moonlight the following approximate amount of time:

\_\_\_\_\_ hours/week                      \_\_\_\_\_ days/month

I understand that malpractice insurance for such activities is my sole responsibility. The amount of my malpractice coverage for moonlighting and the name of the insurance company are:

My responsibilities at each site include the following:

As a resident in the Diagnostic Radiology program, I understand and will abide by the requirements for moonlighting activities as established by the UAMS College of Medicine GME Committee policy 3.300, *Moonlighting and Malpractice Insurance Coverage while Moonlighting*, and described in the Nuclear Medicine Program Manual. I understand that the performance of these activities will not interfere with my ability to achieve the goals and objectives of my educational program.

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Resident (print name)	Signature	Date
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Permission to moonlight is granted. However, the effect of moonlighting activities upon the fellow's performance will be monitored and adverse effects may lead to the withdrawal of my permission.

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Program Director (print name)	Signature	Date
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*Retain this form in the Resident's file*