

UNIVERSITY OF IOWA HOSPITALS AND CLINICS
INTERNAL MOONLIGHTING PROPOSAL

UIHC's *Moonlighting Policy and Procedures for House Staff Physicians and Dentists* defines internal moonlighting as an activity which is outside the responsibilities of a house staff member but occurs at UIHC. Internal moonlighting occurs infrequently. All internal moonlighting must be approved by the GME Associate Dean prior to the house staff member engaging in it. Any modification to an approved internal moonlighting proposal must be reviewed and approved by the GME Associate Dean prior to its commencement. (To date, residents are not allowed to moonlight internally at UIHC).

DESCRIBE THE INTERNAL MOONLIGHTING ACTIVITY PROPOSED, THE REASON FOR THE ACTIVITY, AND LOCATION:
WILL A SUPERVISOR BE IMMEDIATELY AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE FELLOW REQUIRED TO INTERNALLY MOONLIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO WILL THE FELLOW BILL FOR SERVICES? <input type="checkbox"/> YES- WILL BILL TO ALL PAYORS INCLUDING MEDICARE <input type="checkbox"/> YES – WILL BILL ALL SERVICES EXCEPT NO BILLING TO MEDICARE <input type="checkbox"/> NO BILLING AT ALL DOES THE FELLOW HAVE AN APPOINTMENT THAT WILL ALLOW HIM TO BE PRIVILEGED (IN ADDITION TO HIS HOUSE STAFF APPOINTMENT)? <input type="checkbox"/> YES (IF SO, IDENTIFY APPOINTMENT TYPE:) <input type="checkbox"/> NO IS THE FELLOW A J-1 OR J-2 VISA HOLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
PROVIDE AN EXAMPLE OF A TYPICAL WEEKLY OR MONTHLY SCHEDULE OF MOONLIGHTING FOR THIS ACTIVITY:
DESCRIBE THE MALPRACTICE COVERAGE THAT WILL BE IN PLACE FOR THIS INTERNAL MOONLIGHTING PROPOSAL:

SIGNATURE OF PROGRAM DIRECTOR (REQUIRED)

DATE

SIGNATURE OF DEPARTMENT GME DIRECTOR
(IF REQUIRED BY DEPARTMENT OR PROGRAM)

DATE

SIGNATURE OF SITE DIRECTOR OF MOONLIGHTING ACTIVITY (REQUIRED)

DATE

SIGNATURE OF DEPARTMENT DEO (REQUIRED)

DATE

MARK C. WILSON, MD, MPH
ASSOCIATE DEAN FOR GME (REQUIRED)

DATE