

PROPOSAL FOR INTERNAL MOONLIGHTING

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 and/or the moonlighter is paid by a University of Iowa entity. 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, RESPONSIBILITIES, AND LOCATION: PLEASE ANSWER ALL OF THE QUESTIONS BELOW. ATTACH ADDITIONAL INFORMATION IF NECESSARY.

1. ACTIVITY:
2. REASON FOR THE ACTIVITY/RESPONSIBILITIES:
3. WHO WILL MONITOR THIS MOONLIGHTING ACTIVITY?
4. LOCATION:
5. WILL A SUPERVISOR BE IMMEDIATELY AVAILABLE? ☐ YES ☐ NO
6. IS THE FELLOW REQUIRED TO INTERNALLY MOONLIGHT? ☐ YES ☐ NO
7. WILL THE FELLOW BILL FOR SERVICES? ☐ YES- WILL BILL TO ALL PAYORS INCLUDING MEDICARE
☐ YES – WILL BILL ALL SERVICES EXCEPT NO BILLING TO MEDICARE
☐ NO BILLING AT ALL
8. DOES THE FELLOW HAVE AN APPOINTMENT THAT WILL ALLOW HIM/HER TO BE PRIVILEGED (IN ADDITION TO HIS/HER HOUSE STAFF APPOINTMENT)?
☐ YES ☐ NO
9. IS THE FELLOW A J-1 OR J-2 VISA HOLDER? ☐ YES ☐ NO
10. WHEN WILL THIS OCCUR? PROVIDE AN EXAMPLE OF A TYPICAL WEEKLY OR MONTHLY SCHEDULE OF MOONLIGHTING FOR THIS ACTIVITY:
11. DESCRIBE THE MALPRACTICE COVERAGE THAT WILL BE IN PLACE FOR THIS INTERNAL MOONLIGHTING PROPOSAL:
12. WHAT AMOUNT OF COMPENSATION WILL BE PAID?

 Program Director Signature (Required)

 Date

 Department GME Director Signature (**if required by Department**)

 Date

 Moonlighting Activity Site Director Signature (Required)

 Date

 Department DEO Signature (Required)

 Date

 Mark C. Wilson, MD, MPH,
 Associate Dean/Associate Hospital Director for GME
 (Required)

 Date