



**Loma Linda University Health Education Consortium  
Graduate Medical Education Office  
Moonlighting Agreement Form**

<b>Resident Name:</b>		
<b>Program Director Name:</b>		
<b>Current LLUH Training Program:</b>		
<b>Moonlighting Start Date:</b>		
<p>The following applies to either EXTERNAL or INTERNAL moonlighting.  <i>I understand and agree that:</i></p> <ul style="list-style-type: none"> <li>• Moonlighting will not interfere with the Graduate Medical Education (GME) Program.</li> <li>• Hours spent engaged in moonlighting activities will not cause any violation of the ACGME duty hour requirements nor cause undue fatigue.</li> <li>• Moonlighting will not require modification of assignments by the GME Program.</li> <li>• Moonlighting requires the consent of the Program Director which may be denied or withdrawn.</li> </ul>		
<p><b><u>EXTERNAL</u></b> Moonlighting outside of LLUH institutions.</p> <p>The resident understands that LLUH professional liability coverage does not extend to clinical activity outside of LLUH GME programs.</p>	External Institution where Moonlighting:	
	Address:	
	Phone number:	
<p><b><u>INTERNAL</u></b> Moonlighting within LLUMC, LLUCH, LLUBMC, LLU &amp; LLUHC.</p> <p>Program Director &amp; Resident agree appropriate supervision will be provided at all times.</p>	Internal Service where Moonlighting:	
	Gross Rate of Pay:	\$ _____ per hour Payment via LLUHEC paycheck. Payroll Taxes will be withheld.
	Supervisor of Internal Moonlighting:	
<b>Date:</b>	<b>Resident Signature:</b>	
<b>Date:</b>	<b>Program Director Signature:</b>	