

MICHIGAN STATE UNIVERSITY

Cardiology Division, Clinical Center 804 Service Road Suite A205, East Lansing, MI 48824 Phone: 517-353-4960 Fax: 517-355-2134

Cardiology Sub-Specialty Resident Moonlighting Request Form

Sub-Specialty Resident Name: _____

PGY: _____ Date of Submission: _____

Location of moonlighting: _____

Moonlighting Resident Name: _____

Moonlighting Resident Signature: _____

You must have prior authorization from the Cardiology Fellowship Program Director (George S. Abela, MD) and the Director of Medical Education (Ted Glynn, MD) at Sparrow Health Systems. Additionally, you must obtain the signature of the Program Coordinator (Hillary Vogel) for documentation purposes. (Please refer to your residency manual for details on moonlighting). You must complete and submit this form to the Fellowship office prior to the moonlighting experience. In addition, you will be required to document all moonlighting hours as well as regular duty hours within the program using a work log. Work Logs must be submitted every 30 days to the Program Support staff effective the first of moonlighting. Tracking the hours worked is critical. Failure to report hours may lead to revocation of the moonlighting privileges.

Malpractice insurance is not provided to the Sub specialty resident for the purpose of moonlighting. If you moonlight for an outside vendor, you must be sure you have malpractice insurance coverage.

Approved Denied

Signature: Program Coordinator-Hillary Vogel

Date

Signature: George S. Abela, MD

Date

Signature: Dept Medical Education-, Ted Glynn MD

Date