



ECU HEALTH

Cardiovascular Disease Fellowship MOONLIGHTING REQUEST FORM

PLEASE COMPLETE ONE FORM FOR EACH EMPLOYER or FACILITY:

Fellow: _____ PGY Level: _____ (PGY-4 fellows are NOT allowed to Moonlight.)

License #: _____ State: _____

Visa status (if not a US citizen) _____ (J1 visa holders are not allowed to moonlight)

DEA #: Fee Exempt? Y or N (ECU Fee- Exempt DEA Registrations cannot be used at non-ECU sites.)

Malpractice Insurance Company: _____

Policy #: _____ Hours per month (estimated): _____

Name and Address and contact information of Employer:
(i.e., Physician Office or Medical Facility):

IMPORTANT – This form must be completed in its entirety and have attached copies of the following items:

- Medical License - DEA Registration - Malpractice Insurance policy stating applicable policy number

The Program Director will be unable to approve your moonlighting approval form until all of the required information and attachments are provided

_____ Moonlighting must be counted toward the 80-hour weekly limit for duty hours.

I understand and have read the Moonlighting Policy as outlined in the CV Disease Fellowship Moonlighting Policy. I, the undersigned Cardiology Fellow, agree to log all moonlighting time in the duty hour module in the NI management suite.

Fellow's signature

Date

I have reviewed the above request and approve.

Rajasekhar Nekkanti, MD

Date