Authorization of Trainee Internal Extra Clinical Duty Activity
Program Director and House Staff must complete the form and forward it to the GME Office

House Staff Name:_____ **PGY Level:** PGY_____ **Employee ID:**_____

GME Training Program: _____

Georgia Medical License Type: [ ] Unrestricted (required for unsupervised work) ***OR*** [ ] Residency Training Permit

Georgia Medical License Number: _____ Expiration Date: _____ Copy attached ☐

Department/Service Information:

Name/Location of Internal Extra Clinical Duty Activity: _____

Type of Service to be provided:_____ Date(s) of service: _____

Please indicate whether activity is for: Inpatient ☐ Outpatient ☐ Emergency Department ☐

Payment Arrangements:

Rate of pay House Staff will receive per hour: _____

Funding Source/CFC:_____

Any changes to the above funding source will require the Program to submit an updated form to GME.

House Staff Trainee Acknowledgement (House Staff's initials):

_____ I have read the GME HS Policies 26.0 Internal Extra Clinical Duty Activity, 10.0 House Staff Learning and Working Environment, and 16.0 House Staff Moonlighting Policy and agree to abide by the terms and conditions of these policies as well as all other applicable GME policies.

_____ I agree to log my moonlighting hours inclusive of Internal Extra Clinical Duty Activity in the GME management system in a timely and accurate fashion so my Program and GME can ensure compliance with ACGME requirements.

_____ I understand and accept the financial compensation being provided to me to perform the Internal Extra Clinical Duty Activity.

Signature:_____ Date: _____

Program Director Authorization:

The above-named House Staff is in good standing in their GME training Program. The House Staff is authorized for Internal Extra Clinical Duty Activity. This authorization may be withdrawn if the internal extra clinical duty activity interferes with the House Staff's ability to complete their training program in compliance with GME, ACGME, and/or specialty board requirements. If unsupervised Internal Extra Clinical Duty Activity is to occur, a copy of the House Staff's unrestricted GA Medical License is provided, the Chair/Section Chief approve this activity (and have signed below), and the House Staff has undergone Wellstar MCG Health (WMCG) credentialing. Only fellows may engage in unsupervised Internal Extra Clinical Duty Activity at WMCG (i.e., not residents).

Signature of Program Director:_____ Date: _____

Signature of Chair/Section Chief (if unsupervised at WMCG):_____ Date: _____

GME Office Review and Approval:
The below signatories have reviewed all documentation required and approve the Internal Extra Clinical Duty Activity assignment.

Manager, GME:_____ Date:_____

Senior Associate Dean for GME:_____ Date:_____

Signature Human Resources Administrator_____ Date:_____