

**MARSHALL UNIVERSITY  
JOAN C. EDWARDS SCHOOL OF MEDICINE  
GRADUATE MEDICAL EDUCATION**

**POLICY ON MOONLIGHTING**

**SECTION 1. STATEMENT AND SCOPE OF POLICY**

- 1.1. The purpose of this policy is to meet Accreditation Council for Graduate Medical Education (ACGME) requirements that specifically state Sponsoring Institutions must maintain a policy regarding professional activities outside the educational program.
- 1.2. This policy applies to all ACGME residency and fellowship programs within the School of Medicine. Each program is required to establish a program specific policy on moonlighting and must include provisions to monitor the effects of moonlighting upon a resident's/fellow's performance.

**SECTION 2. POLICY**

- 2.1 The School of Medicine neither encourages nor discourages moonlighting.
- 2.2 This policy prohibits first year residents from moonlighting.
- 2.3. Federal law prohibits residents holding a J-1 visa to engage in any moonlighting activity.
- 2.4. The Sponsoring Institution or individual ACGME-accredited program or its Program Director may prohibit moonlighting by any resident or fellow.
- 2.5. Any resident or fellow found to be in violation of this policy is subject to disciplinary actions up to and including dismissal.

**SECTION 3. RESIDENT RESPONSIBILITIES**

- 3.1 Prior to moonlighting, residents at the second year level or higher must:
  - 3.1.1. Obtain permission from the Residency/Fellowship Program Director.
  - 3.1.2. Apply for and obtain permanent WV state license to practice medicine to support any moonlighting activities.
  - 3.1.3. Document purchase of individual malpractice insurance or provide documentation that the moonlighting site will provide such insurance. It is important to note that malpractice insurance provided to residents in their training program does not cover the resident on any moonlighting assignment.

- 3.1.4. Apply for and obtain an individual Federal DEA number to support any moonlighting activities.
- 3.1.5. Obtain clinical privileges at the facility.
- 3.1.6. Report all moonlighting activities as duty hours within New Innovations using the appropriate task identifier.

**SECTION 4. PROGRAM DIRECTOR RESPONSIBILITIES**

- 4.1. Prospective written approval from the Program Director is required for all Moonlighting activity.
- 4.2. The Program must maintain written documentation of all moonlighting activities as part of the resident's/fellow's personnel file.
- 4.3. The Program Director is ultimately responsible for assuring that moonlighting activities do not interfere with the ability of the resident to meet the goals, objectives, assigned duties, and responsibilities of the educational program.
- 4.4. The Program Director is expected to monitor all moonlighting activities in their program on an ongoing basis.
- 4.5. The Program Director may withdraw permission to moonlight if, at any time, moonlighting activities are seen as producing adverse effects on the resident's performance in the program. Adverse effects include but are not limited to resident/fellow fatigue, diminished learning or performance, or patient safety issues.

**SECTION 5. APPROVED MOONLIGHTING SITES**

- 5.1. The following sites have been approved for moonlighting:
  - 5.1.1. Huntington Veterans Area Medical Center
  - 5.1.2. St. Mary's Medical Center
  - 5.1.3. Cabell Huntington Hospital
- 5.2. Other moonlight sites that have obtained a previous waiver may continue on a limited basis if granted permission by the DIO.

**Effective Date: January 1, 2018**

Approved by GMEC: December 19, 2017  
 Previously approved: March 27, 2001