

**Application for Resident Extracurricular Clinical Practice
(Educational licence - "Moonlighting Endorsement")** **Moonlighting Request**
(supervised practice)

Name of Resident Applicant: _____

Program: _____

Failure to meet deadlines for renewal may result in loss of moonlighting privileges for the next six month period.**New Application: Cannot exceed 6 months. Expires at closest of Expiry Dates. Application for renewal must be submitted as per timelines outlined in "Renewal Application" box below. New application requests *MUST be received a minimum of 2 weeks prior to requested start date.***Start Date: _____ Expiry Date: April 30 October 31**Renewal Application: Cannot exceed 6 months. Note timelines.****Renewal Terms:** May 1 to October 31 (Deadline for submission to Postgraduate Medical Education Office **no later than March 15**) November 1 to April 30 (Deadline for submission to Postgraduate Medical Education Office **no later than September 15**)

Please provide name of person responsible for scheduling your moonlighting shifts.

Scheduler Name_____
Phone Number_____
Email Address

I have reviewed the Moonlighting Policy and hereby accept the terms and limitations of the Moonlighting Policy and of the attached practice plan. I acknowledge that any change requires a revised practice plan and new approval. I am responsible for seeking permission from the individual whom I identify as my supervisor (as required by the College of Physicians and Surgeons of SK (CPSS) for licensing purposes). The supervisor should be someone other than my Program Director. I further agree that I will take responsibility for ensuring that all moonlighting activities are reported on a monthly basis to the Postgraduate Medical Education Office.

Resident_____
Date

I have reviewed this application, the attached practice plan and the CPSS Moonlighting Endorsement Form. I am satisfied that undertaking such moonlighting is not anticipated to interfere with this resident's education.

Program Director_____
Date

I have reviewed this application and attached practice plan and approve this submission based on the recommendation by the Program Director.

Associate Dean, Postgraduate Medical Education_____
Date**Must attach to new and renewal applications: (1) Resident's moonlighting practice plan; (2) Completed CPSS Moonlighting Endorsement Form; (3) proof of LMCC; (4) proof of CMPA type of work code needed for moonlighting (5) copy of job description with list of competencies.****Submit to: Associate Dean, c/o Jennifer Dybvig, Postgraduate Medical Education, Room 411 St. Andrew's College, 1121 College Drive****Once approved: Resident is responsible for obtaining the appropriate moonlighting license, reporting the moonlighting license number to CMPA, obtaining appropriate approval/privileges with the appropriate health region, and reporting moonlighting activities on a monthly basis to the Postgraduate Education Office.**