



**College of Physicians and Surgeons of Saskatchewan
Moonlighting Endorsement for Intern/Resident licence**

I _____ hereby confirm the following to the College of Physicians and Surgeons of Saskatchewan:

- 1) I have reviewed the practice plan that has been filed by _____, a resident in the _____ residency program of the University of Saskatchewan;
- 2) I am aware that the College of Physicians and Surgeons will not issue a licence to a resident to permit that resident with an endorsement to "moonlight" unless a physician who is a member of the faculty of the residency program of the University of Saskatchewan confirms that the resident has the necessary skills and knowledge to practice medicine with skill and safety within the practice plan;
- 3) The practice plan details set out that the resident will moonlight during the period _____ to _____ and indicate that the resident will moonlight as a (pick all that apply):
 - a. House Officer;
 - b. Emergency Room Physician;
 - c. Medical/Radiation Oncology House Officer;
 - d. Other (specify): _____

In the following location: _____ (Name of Hospital, City)

- 4) The practice plans sets out that the resident will not be the most responsible physician (MRP). The practice plan sets out the **MRP** who will also be the supervisor for the purpose of this moonlighting endorsement (**please complete a separate practice plan for each location**);
- 5) The practice plan includes a provision for:
 - a. Clear and immediate access to supervision including the availability of direct (on-site) supervision when necessary; and,
 - b. Direct supervision of the most responsible physician – who retains primary responsibility for the patient. (The moonlighting physician shall not be a replacement or substitute for the most responsible physician)
- 6) I confirm to the College of Physicians and Surgeons that I have familiarized myself with the information pertaining to the above-noted resident that I believe is necessary to reach an opinion whether the resident has the necessary skills and knowledge to practise medicine with skill and safety within the practice plan;
- 7) I confirm to the College of Physicians and Surgeons that I am of the opinion that this resident has the necessary skills and knowledge to practise medicine with skill and safety within the practice plan.

DATED this _____ day of _____, 20__

Signature of Program Director