



Resident applying for moonlighting (for the first time or renewing the application) must submit to the Postgraduate Medical Education Office, in addition to this form, the following:

- Moonlighting Practice Plan;
- College of Physicians and Surgeons of Saskatchewan (CPSS) Moonlighting Endorsement form;
- Proof of LMCC;
- Proof of CMPA type of work code needed for moonlighting;
- Job description with list of competencies.

Once moonlighting request has been approved, **resident is responsible** for obtaining the appropriate moonlighting license; reporting the moonlighting license number to CMPA; obtaining appropriate approval/privileges with the health authority; and reporting moonlighting activities on a monthly basis to the PGME Office.

Section 1: Resident Information

Name:	
Program:	
Training Year:	

Section 2: Moonlighting Information

New Application cannot exceed 6 months , and expires at closest expiry date. New applications must be submitted a minimum 2 weeks prior to the request start date.			
Start date:	Click here to enter a date.	Expiry date:	<input type="checkbox"/> April 30 <input type="checkbox"/> October 31
Renewal Application cannot exceed 6 months . Please note the timelines, as failure to meet deadlines for renewal may result in loss of moonlighting privileges for the next six month period.			
Renewal terms:	<input type="checkbox"/> May 1 to October 31 <i>Deadline for submission to the PGME Office is March 15.</i> <input type="checkbox"/> November 1 to April 30 <i>Deadline for submission to the PGME Office is September 15.</i>		
Person responsible for scheduling your moonlight shifts:			
Contact information for the scheduler:			



Section 4: Approvals and Signatures

I have reviewed the PGME Moonlighting and Independent Clinical Practice policy and accept the terms and limitations 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 CPSS for licensing purposes). The supervisor should be someone other than my Program Director.

I further agree that I will take responsibility of ensuring that all moonlighting activities are reported on a monthly basis to the PGME Office.

Resident:			
Signature		Date	

I have reviewed this application, 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:			
Signature		Date	

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

Associate Dean, PGME:			
Signature		Date	



Please send all documents and required information via email to:

Sam Curnew
PGME Office, College of Medicine, University of Saskatchewan
Email: sam.curnew@usask.ca