

Baylor College of Medicine

***Request for Permission to Work Within Baylor College of Medicine Training Program  
(Internal Moonlighting)  
Graduate Medical Education Program***

Internal Moonlighting may be covered by the PIT Permit and BCM PLI, as long as the work performed is within the course and scope of the assigned training program. If the work is to be performed withing BCM affiliates, but not within the course and scope of the assigned training program, please contact the GME Office.

Internal Moonlighting is not available for any trainee on any type of exchange visa, or an EAD.

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Resident/Fellow Name: \_\_\_\_\_ Current PGY Level: \_\_\_\_\_

Program: \_\_\_\_\_

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To Be Completed by Program Director:

\_\_\_\_\_ Conference Attendance is  $\geq 75\%$ .

\_\_\_\_\_ Clinical evaluations for the past 12 months are all satisfactory or above.

\_\_\_\_\_ Resident has not had any disciplinary issues within the past 12 months.

\_\_\_\_\_ Resident has not been late with duty hours reporting in the past 12 months (verified by GME). With first occurrence of non-reporting of duty hours, any granted permissions will be revoked for a period of 90 days. Please see BCM Policies for further information.

\_\_\_\_\_ Resident is in good academic standing.

\_\_\_\_\_ Most recent in-service examinations scores are acceptable.

\_\_\_\_\_ Scholarly project is on schedule (if applicable)

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Dates of Work (maximum is end of current academic year): \_\_\_\_\_

Requested Work Time Per Week: \_\_\_\_\_

Location of Moonlighting Activity: \_\_\_\_\_

Name of Medical Director: \_\_\_\_\_

All Contact Information for Medical Director:

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House Officer's Signature: \_\_\_\_\_

Medical Director's Signature: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_

Parent Program Director Signature (if applicable): \_\_\_\_\_

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GME Approval:

Approved for Dates: