

## **Moonlighting and Extra Work for Extra Pay at Children's Healthcare of Atlanta**

### **Instructions for Emory Fellows Applying for PRN Physician Positions at Children's**

#### **Definitions:**

**Moonlighting** - "Moonlighting" is working as a credentialed PRN "Pediatrician." Ability to bill for services as an individual provider

- Cannot work PRN in own subspecialty
- "Internal moonlighting/PRN" is restricted to ED, outpatient settings, hospital medicine
- Cannot work more than 80 hours per week (training + "moonlighting")
- Fellows (Trainees) on a visa are not eligible
- Must be voluntary

**Extra Work for Extra Pay** – "Extra Work for Extra Pay" is working in a PRN capacity in a different role/scope of practice under the supervision of an Attending

- Can work in their own subspecialty (in a different role/scope of practice)
- Not credentialed to bill (must be supervised by an Attending)
- Location does not matter (can be same as a training location)
- Cannot work more than 80 hours per week (training + "extra work for extra pay")
- Fellows (Trainees) on a visa are not eligible
- Must be voluntary

**Additional Information:** [https://med.emory.edu/education/gme/housestaff/housestaff\\_policies/section6.html](https://med.emory.edu/education/gme/housestaff/housestaff_policies/section6.html)

1. **Approval:** Obtain approval from the Fellowship Program Director before applying for a PRN Physician position at Children's.
2. **Signature Requirement:** Obtain all necessary signatures on the approval form.
3. **Submission Process:** The Practice Manager hiring you for PRN work must submit the completed Moonlighting/Extra Work for Extra Pay form when they create the Children's job requisition.
4. **Hiring Process:** Regardless of whether you are moonlighting or completing extra work for extra pay, you must complete the Children's physician hiring process through Physician Recruiting and have a valid Children's employment agreement.
5. **Licensing and Credentialing:** Regardless of whether you are moonlighting or completing extra work for extra pay, you must have a full Georgia medical license and be credentialed by Children's Medical Staff Services.
6. **Reporting Hours:** You are responsible for reporting all moonlighting or extra work for extra pay hours to the Fellowship Program Director/Coordinator.



## **Emory Fellow Request to Work “Moonlight” at Children’s Healthcare of Atlanta**

I submit this request to be approved to work “moonlight” at Children’s Healthcare of Atlanta during the period of \_\_\_\_\_ (The period may not be longer than six months);

I agree to have a valid employment contract to work “moonlight” at Children’s Healthcare of Atlanta;

I am fully licensed to practice medicine in the state of Georgia;

I am NOT in training on a J-1/H1B visa;

I acknowledge that work hours for “moonlighting” must be reported to my training program, and agree not to exceed any duty hour restrictions the training program has regarding the total number of hours I may work per week;

I acknowledge any activities, including “moonlighting,” which interfere with training or impact on my performance in the training program may be grounds for discipline up to and including my dismissal from the training program;

I understand I may not “moonlight” in or for my own training specialty.

By signing below, I attest to the completeness and accuracy of the above information.

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Signature of Fellow requesting permission to moonlight

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Date

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Print name of Fellow and indicate Program Year (PGY)

**Request for moonlighting is approved**

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Signature of Fellowship Program Director

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Date

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Signature of Practice Manager (Fellowship Specialty)

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Date

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\*Signature of Hiring Practice Manager (Moonlighting)

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Date

\*Practice Manager should attach this form to the Children’s Workday Job Requisition or send to the Physician Recruiter responsible for the hiring process



## **Emory Fellow Request for PRN Employment (Extra Work for Extra Pay) at Children's Healthcare of Atlanta**

I submit this request to be approved for PRN employment (extra work for extra pay) at Children's Healthcare of Atlanta during the period of \_\_\_\_\_ (The period may not be longer than six months);

I agree to have a valid employment contract to work PRN at Children's Healthcare of Atlanta;

I am fully licensed to practice medicine in the state of Georgia;

I am NOT in training on a J-1/H1B visa;

I acknowledge that work hours for extra work for extra pay must be reported to my training program, and agree not to exceed any duty hour restrictions the training program has regarding the total number of hours I may work per week;

I acknowledge any activities, including extra work for extra pay, which interfere with training or impact on my performance in the training program may be grounds for discipline up to and including my dismissal from the training program;

I understand that I will be under the supervision of an attending physician while working any extra work for extra pay shifts.

By signing below, I attest to the completeness and accuracy of the above information.

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Signature of Fellow requesting permission for extra work for extra pay

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Date

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Print name of Fellow and indicate Program Year (PGY)

**Request for PRN (Extra work for extra pay) is approved**

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Signature of Fellowship Program Director

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Date

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Signature of Practice Manager (Fellowship Specialty)

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Date

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\* Signature of Hiring Practice Manager (PRN)

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Date

\*Practice Manager should attach this form to the Children's Workday Job Requisition or send to the Physician Recruiter responsible for the hiring process