University of Massachusetts Medical School Residents are eligible to accept extended employment as physicians at UMass facilities outside of their normal graduate medical education duties and, in doing so, are provided coverage under the UMass Memorial Health Care, Inc., self insurance program **ONLY IF:**

1. The Residency Program Director approves each extended employment arrangement,
2. The Resident is compensated through UMass Medical School and otherwise follows all other applicable requirements, and
3. The specific unit or service agrees to comply with the UMass Memorial Medical Center Policy on Billing for Moonlighting Services (copy attached).

In order for a unit or service to be approved, this application must be submitted to the UMMS OGME.

---

Name of Unit/Service Supervisor AND SERVICE:  
*e.g. CCU, Urgent Care, Hospitalist, SICU, etc. A separate form is required for EACH SERVICE*

Address:  
Telephone Extension:  
Name and Title of Admin Contact:  
Admin Contact Telephone & Address:

1. Specific inpatient or ambulatory site or service unit where the Resident will be assigned:

2. Predominant types of clinical services and procedures to be provided by the Resident: **Please provide a detailed description of procedures to be performed.**

3. Expected status (inpatient, ambulatory, emergency) and number of patients to be served:

4. Site supervision requirements must be consistent with the UMMMC Policy # 2034 Resident Supervision.

1. Levels of supervision are as follows:
   - Direct Supervision – the supervising physician is physically present with the Resident and patient.
   - Indirect Supervision:
     - With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
     - With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
   - Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

5. Description of level and availability of direct **on-site attending physician supervision:**
6. Description of level and availability of on-call attending physician supervision.

7. Description of procedures for calling in back-up coverage:

8. All sites must provide a list of names and titles of all attending physicians who will be ultimately responsible for services provided by the Resident, along with a list of names and titles of all attending physicians who may be providing immediate supervision or backup. OGME must be notified of any changes in status of these or additional attendings within three months of the change.

9. Is it your intention to submit a bill for services under the Resident's name and UPIN number?  
   ____YES   ____NO

10. If yes, please describe how these moonlighting activities differ from routine residency responsibilities:

11. PLEASE NOTE THAT BILLS MAY NOT BE GENERATED IN A RESIDENT’S NAME FOR INPATIENT SERVICES OR FOR ANY RESIDENT ON A J-1 VISA.

12. Agreements

   (Signature of Unit/Service Supervisor)

   hereby agrees:

   A. To promptly notify the UMass Memorial Medical Center (UMMMC) Chief Medical Officer (CMO) of any potential liability incident or actual claim involving a UMMS Fellow; to cooperate fully in the investigation and defense of any claim; to provide UMMMC with the name and contact information of any agency to which an incident is reported; and to provide UMMMC with a summary of the results of any internal or external investigation.

   B. The Department will reimburse the Medical School for compensation due to the Residents on a current basis, at least bi-weekly. All payments to the Residents will be made through UMMS, via the Office of Graduate Medical Education.

   C. To comply with the UMass Memorial Medical Center Policy on Billing for Moonlighting Services.

13. Signatures

   Site Supervisor  
   Date

   Dept. Administrator or Person Responsible for Billing  
   Date

14. Approval

   Associate Dean for Graduate Medical Education  
   Date

   Chief Medical Officer, UMass Memorial Medical Center  
   Date

   Medical Director of Self-Insurance Program  
   Date

Rev 3-16-2015