



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
- Required competencies of the job(s)

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 monthly to the PGME Office.

Section 1: Resident Information

Name:	
Program:	
Training Year:	

Section 2: Moonlighting Information

New Application:

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 <input type="checkbox"/> Other (provide date): Click or tap to enter a date.

Renewal Application:

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>



Scheduling:

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 monthly 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	



UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

Moonlighting Application

Please send all documents and required information via email to the following:

Sonja Lazic

Email: sonja.lazic@usask.ca