



HOSPITAL MEDICINE MOONLIGHTING QUESTIONNAIRE

1. Name: _____ MD DO
2. Current role: Fellow (specialty: _____)
 Attending Physician (department/division: _____)
3. FELLOWS, have you received approval to moonlight from your Program Director? *Approval must be sent directly to Megan Wibright (wibright@uthscsa.edu) from the PD before your moonlighting application can be accepted.*
 Yes No
How many shifts per month are you permitted to moonlight? _____
4. What is your desired start date? Please keep in mind that Central Credentialing Support requires at least 90-days' notice for processing.:

5. How many shifts do you anticipate picking up each month? _____
6. Current citizenship or visa status: US Citizen Permanent Resident
 H-1B Visa
Please be advised that, due to recent proclamations from the Office of the Governor, we are currently unable to offer visa sponsorship.
7. Do you understand the current Hospital Medicine shift structure? *If not, please contact our Section Chief, Dr. Saket Kottewar at kottewar@uthscsa.edu.*
 Yes No

The expectation of the Division of Hospital Medicine is that our moonlighters cover at least one shift every month or at least three shifts every three months, depending on shift availability. We do not track working hours for moonlighters; it remains every individual's own responsibility to track those hours per your Department/Division's policy. The information provided above is true and correct to the best of my knowledge.

Signature

Date