



NAME: _____

APPOINTMENT: _____

TRAINING PROGRAM DIRECTOR: _____

NAME OF MY JOHNS HOPKINS TRAINING PROGRAM: _____

1. Description of proposed non-clinical activity:

2. Location of this activity:

3. Dates of proposed activity: Start date _____ End Date _____ Approx. hours/week _____
(not to exceed end of current academic year)

4. Supervisor of the proposed activity: _____

5. I understand that the person listed in Paragraph 4 above must sign this Non-Clinical Extracurricular Activity (or Moonlighting) Request form before I may submit it for consideration by the Training Program Director/Faculty Mentor and the Associate Dean.

6. I recognize that this activity is not an approved part of my Johns Hopkins Training Program and must be approved by my Training Program Director/Faculty Mentor and the Associate Dean.

7. I understand that my Training Program Director/Faculty Mentor will monitor the effect of the activities on my performance in my primary residency or fellowship position. I understand that the Training Program Director/Faculty Mentor or Associate Dean may withdraw permission for an extracurricular/moonlighting activity at any time if they determine, in their sole discretion, that the activity is having an adverse effect upon my participation in my training program.

8. I understand that this activity, as well as any other extracurricular/moonlighting activity I pursue, must not exceed 900 total hours in an academic year.

Signature of Fellow

Date

Signature of Supervisor of Activity

Date

Signature of Training Program Director/Faculty Mentor

Date

Signature of Associate Dean

Date