

Authorization of Trainee Internal Extra Clinical Duty Activity

Program Director and Trainee must complete the form and forward it to the GME Office.

Houseofficer Name: _____ **PGY Level:** _____

Residency Program: _____

Georgia License Number: _____ [] Full [] Limited Expiration Date: _____ (Attach Copy)

Department/Service Information:

Name/Location of Internal Extra Clinical Duty Activity: _____

Type of Service to be provided: _____

Please indicate whether activity is for: Inpatient _____ Outpatient _____ Emergency Dept. _____

Payment arrangements: (i.e., rate of pay the Houseofficer will receive and cost center paying for it): _____

Houseofficer Trainee Acknowledgement:

____ I have read the graduate medical education policy on Internal Extra Clinical Duty and agree to abide by the terms _____ and conditions of this policy.

____ I agree to abide by the terms of the Hospital and program One45 duty hours policy.

____ I understand, and accept the financial compensation being provided to me to agree to the Internal Extra Clinical Duty assignments.

Signature: _____ Date: _____

Program Director Authorization:

The above named Houseofficer Trainee is in good standing in his/her Graduate Medical Education Program at Georgia Regents University Medical Center. The Trainee is authorized for extra clinical duty at the site named above. This authorization may be withdrawn if the extra clinical duty activity interferes with the Trainee's ability to complete his/her training program in compliance with RRC or ACGME or specialty board requirements.

Signature of Program Director: _____ Date: _____

GME Office Review and Approval:

The below named signatory has reviewed all documentation required and approves the Internal Extra Clinical Duty Hour assignment.

Signature of Director, GME Office: _____ Date: _____

Manager, MCG Residency Programs _____ Date: _____

Human Resources Administrator _____ Date: _____