

Authorization of Trainee Internal Extra Clinical Duty Activity

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

House Officer Name: _____ **PGY Level:** _____

Residency Program: _____

Georgia Medical License Type: [] Unrestricted **OR** [] Residency Training Permit

Georgia Medical License Number: _____ Expiration Date: _____ Copy attached []

Department/Service Information:

Name/Location of Internal Extra Clinical Duty Activity: _____

Type of Service to be provided: _____ Date(s) of service: _____

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

Payment Arrangements:

Rate of pay House Officer will receive per hour: _____

Funding Source/CFC: _____

****Any changes to the above the funding source will require the Program to submit an updated form to GME.***

House officer Trainee Acknowledgement (House Officer's initials):

____ I have read the Graduate Medical Education House Staff Policy 26.0 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 House Officer Trainee is in good standing in his/her Graduate Medical Education Program at Augusta 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 This authorization may be withdrawn if the extra clinical duty activity interferes with the Trainee's ability to complete his/her training program in compliance with RRC or ACGME or specialty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.

Manager, GME: _____ Date: _____

Senior Associate Dean for GME: _____ Date: _____

Signature Human Resources Administrator _____ Date: _____