

**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 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: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

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

Payment arrangements: (i.e., rate of pay House officer will receive; must provide CFC):  
\_\_\_\_\_

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

\_\_\_\_ 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 House officer 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 This authorization may be withdrawn if the extra clinical duty activity interferes with the Trainee's ability to complete his/her training program in compliance with RRC or ACGME or specialty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: \_\_\_\_\_