

Work Outside of the Training Program – Request Form

(Submit ONE form for each Outside Work activity requested)

Approval for Outside Work is granted subject to the conditions below and through the earliest of either the end of the current academic year or until change(s) to the approved Outside Work activities occur. Submission of an updated Request for Approval must occur each subsequent year or immediately upon any change in the activities or narrative described below.

Please submit form with all fields completed. Incomplete forms will be returned to the program. For questions with the form, please contact Kaitlen Knight in the GME office at kaitlenk@uw.edu. Additional information is also available in the [Policy on Working Outside of the Training Program](#).

Section I: Disclosure of Proposed Work Activity

1. Trainee Name: _____
2. Residency/Fellowship Program: _____
3. R-Level at Time of Activity: _____
4. Physician/Dentist License Type: ☐ Limited ☐ Full
5. Appointment Type: ☐ Resident ☐ Fellow ☐ Senior Fellow ☐ Senior Fellow Trainee ☐ Acting Instructor
6. Are you a visa holder? ☐ Yes ☐ No
7. Activity:
 - a. Describe the activities to be performed. Include the nature and scope of the activities and their relationship (or lack thereof) to your UW employment: _____

 - b. Is this work clinical? ☐ Yes ☐ No
 - c. Site/Location: _____
 - d. Do you perform this work in a specific rotation in your training program? ☐ Yes ☐ No
 - e. If yes, which rotation? _____
8. Dates upon which activities will begin _____ and end _____
9. Will you be prescribing?
 - ☐ Yes, and I will be using my fee-exempt DEA registration.
 - ☐ Yes, and I have obtained a paid DEA registration.
 - ☐ No, I will not be prescribing.

10. Do you or any member of your immediate family, including any significant other:

- a. Have ownership or other Significant Financial Interest with the outside Organization (defined by UW Policy GIM 10: <http://www.washington.edu/research/policies/gim-10-financial-conflict-of-interest-policy/>)? ☐ Yes ☐ No
- b. Have a management position? ☐ Yes ☐ No
- c. Participate in day-to-day operations (e.g. as an employee)? ☐ Yes ☐ No
- d. Have other significant or continuous involvement with the outside organization that is deeper than a usual consulting relationship? ☐ Yes ☐ No
- e. For any indicated relationships, please describe the involvement:

Section II: Trainee's Certification

By signing this Request for Approval, I certify that the description of my requested Outside Work activities is accurate and true. I understand that any approval of the requested Outside Work activities is conditioned on my ongoing compliance with the following assurances, and will terminate upon failure to comply with any of the following:

- Outside Work will not interfere in any way with my educational experience, performance or regular Training Program responsibilities.
- I will not engage in Outside Work activities during my scheduled training program hours, including times when I am scheduled to be on-call or available for consultations as part of my Training Program.
- I must remain in good standing in my Training Program, as documented by satisfactory evaluations, in order to continue Outside Work activities.
- I must promptly update this Request Form to reflect any changes in my Outside Work activities.
- I may not engage in Outside Work activities in which there may be a conflict of interest with my appointment at the University of Washington.
- My Outside Work activities must comply with this Outside Work Policy and all applicable federal and State law and regulations.
- I agree to be bound by the following work hour limits: My total aggregate work hours, including both my activities as part of an Accredited Training Program and my Outside Work activities shall not exceed 80 hours per week when averaged over four weeks. Further, I will not be on duty more than 24 consecutive hours, and I will have at least 10 hours off after Outside Work activities and before the start of my training program activities [for Trainees in accredited programs only].
- I agree to enter all time spent in Outside Work activities into MedHub [for Trainees in accredited programs only].
- I must provide evidence of liability coverage from institution or my own malpractice insurance coverage during periods in which I am engaged in Outside Work activities outside of UW Medicine. I understand that the University of Washington malpractice insurance provided for my authorized training program duties may not cover Outside Work activities.
- I will not be visually identifiable as a Trainee, and will not hold myself out as a Trainee, in a UW residency/fellowship program when I am engaged in Outside Work.
- I understand that failure to comply with any of the foregoing conditions may result in withdrawal of permission to engage in Outside Work or other disciplinary actions.

I certify that I will comply with all of the foregoing conditions while participating in Outside Work activities:

Trainee Signature

Date

Section III: Program Director Approval/Disapproval

Will this activity occur at an approved training site for your program?

☐ Yes ☐ No

Is this trainee meeting performance expectations?

☐ Yes ☐ No

Is this trainee undergoing remediation or performance management?

☐ Yes ☐ No

I have reviewed the above-noted request in addition to the expected duty hours and my determination regarding that request is as follows:

- ☐ Request Approved.
- ☐ Request Denied.

Program Director's Signature

Date

Graduate Medical Education Office Signature

Date