

EXHIBIT C
UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL
DECLARATION/REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT

HOUSESTAFF

PLEASE NOTE THAT BEFORE ENGAGING IN OUTSIDE EMPLOYMENT, APPROVAL IS REQUIRED FROM YOUR PROGRAM DIRECTOR, DEPARTMENT CHAIR AND ASSOCIATE DEAN FOR GRADUATE MEDICAL EDUCATION, AS WELL AS COMPLETION OF THE STATE OF NEW JERSEY OUTSIDE ACTIVITY QUESTIONNAIRE WITH APPROVAL FROM THE ETHICS LIAISON OFFICER

Date: _____ Program: _____

Name: _____ PGY Level _____
(please print)

PLEASE CHECK ONE: _____ Yes, I am requesting outside employment. (Complete information requested below.)
_____ No, I do not have outside employment.

NOTE: THERE IS NO MALPRACTICE COVERAGE FROM THE UNIVERSITY FOR OUTSIDE EMPLOYMENT

OUTSIDE EMPLOYMENT INFORMATION

Name of Employer _____ Telephone _____

Address _____

Title _____ Type of Work Performed _____

Days & Hours of Work _____

Period of Outside Employment: From _____ To _____

(Attach additional sheets if necessary.)

I have read and understand the University's policies on Code of Ethics and Outside Employment. I attest that the information provided above is true. I understand that hours worked during outside employment when combined with hours worked in the program must not exceed ACGME requirements.

Housestaff Signature

I have reviewed this request with the employee and (check one)
_____ there is no conflict; _____ the conflict has been resolved and documented.

Program Director Date

Department Chair Date

Associate Dean for Graduate Medical Education

Approved Denied