

**ROWAN UNIVERSITY-SCHOOL OF OSTEOPATHIC MEDICINE
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 ASSISTANT 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 AOA/ACGME requirements. I also understand that I must secure my own malpractice coverage for any outside employment.

Housestaff Signature _____ Date: _____

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

Approved Denied _____