

MOREHOUSE SCHOOL OF MEDICINE

GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

	POLICY	GME-06	
	NUMBER		
	EFFECTIVE	04/01/2011	
	DATE		
	PAGE (S)	01	
I	SUPERSEDES	N/A	

<u>SUBJECT</u> PROFESSIONAL LIABILITIY COVERAGE LETTER OF UNDERSTANDING

This letter shall be completed upon appointment to a like Resident enters into moonlighting activities.	MSM Residency program and at the time a		
This is to certify that I,	and related to, or are a part of, the Residency		
\$1 million per/occurrence and; \$3 million annual aggregate;			
and			
Tail coverage for all incidents that occur during above.	Tail coverage for all incidents that occur during my tenure as a Resident in accordance with the above.		
In addition, I understand that the above professional liprofessional activities in which I become involved outs written approval by the Residency Program Director to securing adequate coverage for these outside activities own resources.	side of the residency program, and that upon moonlight, I am personally responsible for		
Check appropriate circle: Resident Agreement Υ	Moonlighting Request Υ		
Signed:	Date:		
Social Security Number:			
Home Address:			
City:	State:		
Zip Code:			

Return Signed Original to Office of Graduate Medical Education