Name:	Year:	C1	C2 R
I am not engaging in any moonligh	iting activities.		
I am engaging in moonlighting action the following information).	ivities per the Fellow's (Guidelines. ((Please complete
Name of Organization			
Estimated hours/month			
We recognize that moonlighting so the Bay Area. We believe that moonlighting efforts by inevitably distracting time and a moonlighting activities impinge on daytime educational conferences and courses. Mo morning or late evening attendance. We end on those rotations because of high potential or clinical setting (both clinical activities) cannot exceed 30 continuous how You are required to update this notification or sooner should your moonlighting activities.	metimes occurs in respong does hinder the qualing the training e clinical and research of the cover, Cath/Angio rotal kday moonlighting is the fall for time conflicts. The relating to the fellowship ours or 80 hours/week on the on a yearly basis during to the sail on a yearly basis during to the fellowship the county week on the fellowship the county week on the county week on the fellowship the county week on the county week of the county week of the county week of the county week of the county we were the county we will we will we will we were the county we were the county we will	onse to high he ty of clinical ag program. activities or actions often refere prohise hours of we as well as in average over a gyour core	housing costs in and research At no time may on attendance at equire early bited for fellows ork in the hospital moonlighting er each month.
Signature	Date	2 :	