UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing medicine. For good.

University of Illinois Hospital Moonlighting Permission Form

I, _____, as program director for the _____training program, certify that _____ is in good standing with his/her training program and thus has permission to moonlight.

I, Adam Mikolajczyk as program director for the internal medicine residency program concur with the above statement.

Program Director Signature_____

Dr. Mikolajczyk Signature _____

Moonlighter Applicant Signature_____

Date_____