



# Hawaii Residency Programs, inc.

---

Kaiser Foundation Hospital • The Queen's Medical Center  
Kuakini Medical Center • St. Francis Medical Center • Straub Clinic & Hospital  
Kapiolani Medical Center for Women and Children • Wahiawa General Hospital  
Department of Health • Department of Veterans Affairs  
University of Hawaii at Manoa, John A. Burns School of Medicine

## REQUEST FOR AUTHORIZATION TO ACCEPT OUTSIDE EMPLOYMENT OR PURSUE OUTSIDE EDUCATION

In compliance with the requirements of Paragraph 5 of the Resident Employment Agreement between myself and Hawaii Residency Programs, Inc., entered into on \_\_\_\_\_, I request written authorization to accept employment or education outside the Program (hereafter "outside employment" or "outside education") from \_\_\_\_\_.

By making this request, I certify that if I am seeking outside employment, I have (a) obtained a medical license for unsupervised medical practice in the state where the outside employment will occur and (b) obtained additional and separate professional liability coverage. Evidence of such licensure and coverage is attached to this request. (NOTE: I understand that unless such evidence is attached to this request, my request will not be considered.) I further acknowledge that I fully understand and accept the following conditions:

- (1) The outside employment or outside education which I am seeking will be entirely outside the course and scope of my employment with Hawaii Residency Programs, Inc.
- (2) I will not represent to any person, orally or in writing, that such other employment or education is related in any way to my employment with Hawaii Residency Programs, Inc.
- (3) My outside employment or education commitment will not exceed \_\_\_\_\_ hours per week.
- (4) I will be licensed for unsupervised medical practice in the state where the outside employment will occur.
- (5) I will maintain the required additional professional liability coverage in full force and effect during the term of my other employment.
- (6) I will hold Hawaii Residency Programs, Inc. harmless from any and all claims made against me and/or my other employer in connection with such employment.
- (7) If I fail to maintain the required additional professional liability coverage, or fail to honor any other term of this request, such failure will operate as an immediate cancellation of the permission to accept such other employment. Such failure will also constitute a violation of my Employment Agreement with Hawaii Residency Programs, Inc. and may result in termination of this Agreement.
- (8) If I do receive permission to obtain outside employment or outside education, such permission is not a contract with Hawaii Residency Programs, Inc. which retains the right to modify, suspend, or terminate such permission at any time and for any reason, with or without a reason or cause, and without notice to me.

I have read this request, understand it, and agree to abide these terms.

---

RESIDENT

---

DATE OF REQUEST

Rev. 5/06