

CLINICAL FELLOWS ATTACHMENT

Instructions: Please read, complete, and print this page. After your Program Director signs, scan and attach this page to your Outside Activity Request (Form HHS-520). Name the scanned copy to include your name, e.g., SmithJohnP.pdf.

Employees of the National Institutes of Health generally may not engage in employment with, among others, health care providers (5 CFR 5501.109(c)). However, an exception in the regulations permits employees to engage in and receive compensation for the outside practice of medicine that involves the provision of care, treatment, or other health-related services to individual patients under certain conditions (5 CFR 5501.109(c)(3)(iii)).

Employees are prohibited from engaging in an outside activity that is part of an ongoing research project conducted or funded by the NIH; may not establish a private practice relationship with a current or recently discharged NIH patient or subject of an NIH-conducted or NIH-funded clinical trial or protocol; and may not personally refer private practice patients to the NIH. Therefore, you should be mindful of these prohibitions and ensure that your official duties do not overlap with this outside activity.

You are further reminded that engaging in outside clinical practice must be done on your own time and without the use of NIH resources.

Clinical Fellow's Name (print): _____

WORK HOURS: The outside activity will occur at times when I have no obligations related to official duties at NIH, i.e., weekends, evenings. I understand that outside clinical practice hours are included when calculating total resident/fellow work hours. Accordingly, I will adhere to the 80-hour work week. I have read the [NIH Policy on Resident Duty Hours](#) and will adhere to the terms and conditions of the policy.

Initial here to confirm that you understand the NIH policy: _____

VISA INFORMATION:

I am here on a Visa: ___ Yes If Yes, my Visa Type is: _____
 ___ No

Link to [Summary of Visa Types](#)

PROGRAM DIRECTOR CONTACT INFORMATION AND CLEARANCE:

Program Director's Name: _____

Email Address: _____

Recommend Approval: ___ Yes ___ No

Program Director's Signature/Date:

Signature

Date