**OSERVER PRIVILEGE FORM**

ADM – 067.2 Attachment B

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Observer Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name:** | | | |  | | | | | | | | | | | | **Last Name:** | | | |  | | | | | | | | | |
| **Gender:** | | | |  | | | | | | | | | | | | | | | | **Birthdate:** | | | | | | |  | | |
| **Email:** | | | |  | | | | | | | | | | | | | | | | **Phone:** | | | | | | |  | | |
| **Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Country of Citizenship (international only):** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Emergency Contact Name:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Relationship:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Emergency Contact Phone:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **If Observer is under the age of 18 on the proposed start date, parental or guardian consent is required.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Legal Guardian Name:** | | | | |  | | | | | | | | | | | | | | **Phone Number:** | | | | | | | | |  | |
| **Signature:** | |  | | | | | | | | | | | | | | | | | **Date:** | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For Students:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School/University:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Year of Anticipated Graduation:** | | | | | | | |  | | | | | | **Program (if applicable):** | | | | | | | |  | | | | | | | |
| **Length of observership time requested:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Start Date:** | | |  | | | | | | | | | | | | | | | **End Date:** | | |  | | | | | | | | |
| **What do you hope to learn from this experience? (Please attach document if necessary)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*\*\*Please attach a copy of your CV/Resume, a form of Identification (driver's license, photo ID, passport) and your Immunization records (see Attachment E).\*\*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sponsoring Physician/Division:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sponsoring Physician:** | | | | | | | | |  | | | | | | | | | **Division/Unit/Area:** | | | | | | |  | | | | |
| **Sponsor Email:** | | | | | | | | |  | | | | | | | | | **Sponsor Phone:** | | | | | | |  | | | | |
| **Contact person (if not physician):** | | | | | | | | |  | | | | | | | | | **Contact person phone/email:** | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For Division/Department Use Only**  **Approvals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supervising Physician:** | | | | | | | | | | | | | **Signature:** | | | | | | | | | | | | | | | | **Date:** |
| **Division Head Name:** | | | | | | | | | | | | | **Signature:** | | | | | | | | | | | | | | | | **Date:** |
| **Academic Affairs:** | | | | | | | | | | | | | **Signature:** | | | | | | | | | | | | | | | | **Date:** |
| **Please complete the following section only if a Badge is needed.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Peoplesoft ID #:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Codes (please select one):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Selection** | **Code** | | | | | | | | | | **Description** | | | | | | | | | | | | | | | | | | |
|  | **002068** | | | | | | | | | | Clinical Observer, less than 30 days | | | | | | | | | | | | | | | | | | |
|  | **002073** | | | | | | | | | | Clinical Observer, greater than 30 days | | | | | | | | | | | | | | | | | | |
| **Date of Current TB Test:** | | | | | | | | | |  | | | | | | | **Date of Flu Vaccine:** | | | | | | | | |  | | | |
| ***Must be noted.*** | | | | | | | | | | | | | | | | | ***Must be noted during CHLA Flu Season.*** | | | | | | | | | | | | |
| **Health Service Clearance:** | | | | | | | | | |  | | | | | | | | | | | | | **Date:** | | |  | | | |
| **Parking & ID Clearance:** | | | | | | | | | |  | | | | | | | | | | | | | **Date:** | | |  | | | |