**OSERVER PRIVILEGE FORM**

ADM – 067.2 Attachment B

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| --- |
| **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:** |  |