

Observership Program Application Checklist

- I. **General Instructions:** Submit all application materials as listed below to the Observership Coordinator at the Shirley Ryan AbilityLab at least **three months** before the anticipated date of arrival. All required documents must be included in order to consider the application.

Required Documents Checklist	
Signed Application Form	<input type="checkbox"/>
Signed Confidentiality Agreement for Patient Observation	<input type="checkbox"/>
Immunization Record : <ul style="list-style-type: none"> • Documentation of immunization status for measles, mumps, rubella. Acceptable documentation from a health organization of 2 each of measles, mumps, rubella (or two MMR's) vaccines or titers showing immunity. • Varivax (varicella) : <ul style="list-style-type: none"> ○ Documentation of 2 TB skin tests within the past 12 months. The second TB test must be within 3 months to the start of the observership . ○ 1 TB blood test (Quantiferon) drawn within 3 months to the start of the observership ○ X-ray report for positive reactors current within five years and screening for TB symptoms <input type="checkbox"/> • Flu vaccination if visiting between Oct to Dec. Documentation of vaccination in medical record ○ Documentation of the Observer's vaccination from a city, province or country vaccine registry 	<input type="checkbox"/>
Health Insurance Documentation	<input type="checkbox"/>
Non - refundable \$ 100.00 Application Fee	<input type="checkbox"/>

Additional Requirement for Non-US Citizens

Proof of English Proficiency . Provide one of the following:

- Letter from a medical faculty member in the United States who has personal knowledge of your English fluency.
- English Test Scores such as the TOEFL or the Michigan Test.
- Letter from an English teacher who has personal knowledge of your fluency in English.

II. Policies

- A. For any questions concerning the status of your application, please contact the Observership Program Coordinator.
- B. Observerships last no more than two weeks .
- C.

3. Be supervised by a physician or clinical designee at all times when in the presence of patients.
 4. Introduce him/herself to the patient as a _____ n Observer, and must request, in advance, the patient's permission to be present at the time of a clinical visit, procedure or other services.
- I. Upon satisfactory completion of the Observership _____ Program, Shirley Ryan AbilityLab will provide the Rehabilitation _____ Observer with a Certificate of Acknowledgment _____ .
- J. Rehabilitation Observer _____ Privileges:

Privileges Granted to Observers	Privileges Denied to Observers
<p><i>Observers may:</i></p> <ol style="list-style-type: none"> 1. Participate in grand rounds, seminars, courses or other didactic activities. 2. Participate in case conferences or chart rounds with proper patient consent. 3. Observe walking rounds with proper patient consent. 4. View and discuss patient interactions with supervising physician or clinician with proper patient consent. 5. Observe both inpatient and outpatient clinical activities with proper patient consent. 6. Utilize educational resources of the Henry B Betts Life Center _____ . 	<p><i>Observers may not:</i></p> <ol style="list-style-type: none"> 1. Administer treatment or render services to patients or patient's families (including a primary medical examination, history, physical or counseling). 2. Be involved in obtaining patient consent for any clinical or research procedures. 3. Participate in decisions concerning patient management; write orders or notes in patient charts; or give orders verbally or otherwise. 4. Participate as a member of a patient's clinical care team.



Observership Application

Applicant Information

First Name: First Name Last Name: Last Name
Email: Email Telephone: Telephone
US Citizen: Yes No

Mailing Address

Street Address: Number and Street Address
City: City

Employment and Training Experience

Dates From/To (month/day/year)	Type of Experience (i.e.: Teaching Intern, Military, Residency, Practice, Etc.)	Institution	City, State, Country

2 Professional References

Please provide contact information for two professionals who can attest to your ability.

Reference 1:

First Name: First Name Relationship: Relationship
 Last Name: Last Name Title: Title
 Email: Email Telephone: Telephone
 How long have they known you?: # Years Address: Address

Reference 2:

First Name: First Name Relationship: Relationship
 Last Name: Last Name Title: Title
 Email: Email Telephone: Telephone
 How long have they known you?: # Years Address: Address

Statement of Intent

In the area below please identify your goals, objectives, expectations and areas of interest as a Rehabilitation Observer. Attach additional sheets as necessary.

[Type your statement here]

Proposed Dates for your Observership

Application must be received at least 3 months before your proposed dates. We will make every attempt to schedules as well. Please remember, observerships are no longer than 2 weeks in length.

First Choice: Anticipated Date of Arrival and Departure

Second Choice: Anticipated Date of Arrival and Departure

Third Choice: Anticipated Date of Arrival and Departure

Acknowledgements

Please read the following statements carefully before signing your application.

I understand that all application material submitted to the Shirley Ryan AbilityLab becomes the property of Shirley Ryan AbilityLab and is not returnable.

I understand that the information submitted herein will be relied upon by the Shirley Ryan AbilityLab to determine my status for eligibility as Observer. I authorize Shirley Ryan AbilityLab to verify the information I have provided. I understand that any omission of requested data may jeopardize my consideration for the Rehabilitation Observer program. I agree to notify the proper Shirley Ryan AbilityLab employees to any changes in the information provided. I understand that the scope and privileges of the program are listed in the Observership Program Application Checklist document, Section II, and no modifications are allowed in the program.