

## 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.

<b>Required Documents Checklist</b>	
Signed Application Form	<input type="checkbox"/>
Signed Confidentiality Agreement for Patient Observation	<input type="checkbox"/>
Immunization Record : <ul style="list-style-type: none"> <li>• 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.</li> <li>• Varivax (varicella) :               <ul style="list-style-type: none"> <li>○ 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 .</li> <li>○ 1 TB blood test (Quantiferon) drawn within 3 months to the start of the observership</li> <li>○ X-ray report for positive reactors current within five years and screening for TB symptoms <input type="checkbox"/></li> </ul> </li> <li>• Flu vaccination if visiting between Oct to Dec. Documentation of vaccination in medical record</li> <li>○ Documentation of the Observer's vaccination from a city, province or country vaccine registry</li> </ul>	<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:

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



# 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.**