

Appendix 1

Application for Clinical Observer Status

Part 1 (completed by the applicant prior to Observership)

Contact Information

Name:

Address in Toronto:

Address in Home Country (if different from above)

City:

Prov. /State:

Country:

Postal/Zip Code:

Email:

Phone:

Fax:

Observer Information

Start Date:

End date:

Supervising Health Professional's Name:

Reason for requesting Observer status:

Baycrest Department(s) where observership will occur:

Additional requirements

Please attach the following documents:

- Photo ID
- Proof of Immunization Status (2 step TB test & Influenza vaccination required, Hepatitis B & C recommended) * Applicant incurs cost.
- Proof of health insurance to cover the observership period
- Brief summary outlining the goals and objectives of the observership
- Current Curriculum vitae
- Letter of reference and/or a recommendation to undertake the Observership from a relevant educational supervisor (such as a health professional program director, professor, etc.), if applicable

Application for Clinical Observer Status (Part 2)

To be completed by the **Applicant**:

I, _____ agree that **I may** attend educational events; inpatient & outpatient ambulatory care clinics and access patient charts, if the supervising clinician is present & patient consent is obtained. **I may not** participate in any patient care activity, attend patient rounds, staff or department meetings (unless identified as a specified learning objective); or interfere with the learning experience of students from any of Baycrest's academic partners.

Signature: _____
Date: _____

Completed by **Applicant** if country of origin **is other than Canada**:

In matters relating to or arising from the observership, _____ (*institution name if relevant &/or observer name*) agree (s) that the courts of Ontario, Canada shall have exclusive jurisdiction & only the laws of Ontario shall apply.

To be completed by **Baycrest staff "sponsoring clinician"** taking responsibility for the observer:

I, _____, agree to take full responsibility for the observer named above and am aware of the observer's learning objectives as outlined on this form.

Signature: _____
Date: _____

To be completed by **Baycrest Manager/Director(s)** for the location (s) of the observership:

I (We), _____, agree that the observer named above should be granted observer status at Baycrest for the time period specified on this form.

Signature(s): _____
Date: _____

To be completed by **Director of Nursing OR Director of Health Disciplines**:

Request for observership status endorsed: Yes No

Signature: _____
Date: _____