

## Clinical Observer Checklist

(To be completed by the sponsoring clinician and **sent to Academic Education, 2N04** with completed application)

- Photo ID available
- All required signatures obtained
- Baycrest “sponsoring clinician” identified
- Pertinent clinical/administrative staff aware of visitor
- Proof of Immunization Status
- Proof of health insurance to cover the observership period
- Brief summary outlining the goals and objectives of the observership
- Current curriculum vitae attached
- Letter of reference and/or recommendation to undertake the observership from a relevant educational supervisor (such as a health professional program director, professor, etc.), if applicable
- Key Policy Overview reviewed and sign off sheet completed  
<W:\Academic Education\Student\Key Policy Overview V7.doc>  
[W:\Academic Education\Student\Sign-off Letter Standard Final Feb 10 \(2\).doc](W:\Academic Education\Student\Sign-off Letter Standard Final Feb 10 (2).doc)
- Tuberculosis Surveillance Policy Form completed