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
☐ Tuberculosis Surveillance Policy Form completed