

Notification and Approval of an Observer in Clinical Area

Name of Observer: _____

Name of Sponsoring Faculty Member/Staff Member: _____

Staff who will be supervising the observer (list all):

Sponsoring Department: _____ **Division:** _____

Clinical Area where Observer will be Present: _____

Proposed Start Date: _____ **End Date:** _____

Observer is:

UCR student in a related educational program

Non-UCR student in a pre-med or science program

Other (explain): _____

Purpose:

The undersigned accepts responsibility for the observer and confirms that the observer has submitted the required documentation.

Sponsoring Party's Signature: _____

Date: _____

Physician (Medical Director) Approval

To be signed by the Medical Director where the observer will be located, and confirms acceptance of the observer and verifies that the presence of the observer will not be disruptive to patient care activities.

Medical Director: _____

Date: _____