



ATTACHMENT C

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: \_\_\_\_\_

UCR Student in a related educational program

Observer is:

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

Other: \_\_\_\_\_

Purpose: \_\_\_\_\_

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

Supervising Physician: \_\_\_\_\_

Name of Sponsoring Faculty Member/Staff Member: \_\_\_\_\_