



I. General Instruction

Submit a complete set of application materials as listed below to the school/administrative unit coordinator. For non- U.S. citizens only, send copies of the completed form to the Office of International Programs and the Office of International Affairs.

a. Required Documents Checklist	√
Application Form	
Letter from Home Institution attesting to affiliation in good standing	
References (names and addresses of two appropriate professionals)	
Immunization Record (must be completed by a physician and include a negative TB skin test within the last 6 months)	
Physician’s Certification of General Health	
Translations (Documents in a language other than English must be accompanied by a certified translation)	

II. Additional Instructions for Non-US Citizens

- A. You must obtain a clarification of visa status prior to beginning the observership. Candidates for observerships holding temporary visas are bound by the restrictions placed on the university by the U.S. Department of Homeland Security and the State Department.
- B. You must also complete the form *Biodata Information Request for Form, DS-2019 Certificate of Eligibility for Exchange Visitor Status, (J-1 Visa), Sponsored by The University of Texas* in order for The University of Texas Health Science Center at Houston to provide any assistance in securing an appropriate visa.

III. Policies Regarding Approval

- A. If you have any questions concerning the status of a completed application, contact the coordinator in the school or administrative unit to which you are applying.
- B. The University of Texas Health Science Center at Houston conducts [security background checks](#) on Observers.
- C. The University of Texas Health Science Center at Houston does not discriminate with regard to sex, race, color, age, creed, or national origin in judging an applicant’s qualifications to become an observer.
- D. Approval of the observer application is at the discretion of the Executive Vice President for Academic Affairs. Non- U.S. citizens observers must be reviewed by the Office of International Programs and may not begin Observation until the Observer checks-in and is cleared by the Office of International Affairs.

IV. Privileges Granted to Observers	V. Privileges Denied to Observers
<p>Clinical Observers <u>may</u>:</p> <ul style="list-style-type: none"> • Attend institutional conferences and lectures. • Observe both inpatient and outpatient clinical activities with the approval of the relevant clinical affiliate. <p>Research Observers <u>may</u>:</p> <ul style="list-style-type: none"> • Attend institutional conferences and lectures. • Conduct procedures with proper safety training. <p>Administrative Observers <u>may</u>:</p> <ul style="list-style-type: none"> • Attend institutional committee meetings, seminars, and conferences. 	<p>Clinical Observers <u>may not</u>:</p> <ul style="list-style-type: none"> • Administer treatment or render services to patients (including a primary medical examination or history or physical). • Be involved in obtaining patient consent for any clinical or research procedures. • Participate in decisions concerning patient management; write orders or notes in patient charts; or give orders verbally or otherwise. • Participate as a member of a patient’s clinical care team without the patient’s permission. <p>Research Observers <u>may not</u>:</p> <ul style="list-style-type: none"> • Be involved in obtaining patient consent for any research procedures. • Publish implying a formal affiliation with the university. <p>Administrative Observers <u>may not</u>:</p> <ul style="list-style-type: none"> • Obligate the institution financially. • Suggest or imply that he/she is acting with the authority of the institution.

Observer Application

Type or print information in black ink.

VI. Biographical Information

Full Name: _____
Last or Family
First
Middle
Maiden

Current Mailing Address: _____
No. and Street
Apartment No.

City
State
Zip
Country

Phone: _____ Fax: _____

E-mail Address: _____

Permanent Mailing Address: _____
(If different from above)
No. and Street
Apartment No.

City
State
Zip
Country

Permanent Message Contact: _____
Name
Relationship
Phone

Country of Citizenship or Last Permanent Residency: _____

If U.S. Citizen, Naturalized? Yes No If Non-U.S. Citizen, Current Visa Status: _____

Have you ever been convicted of a felony? Yes No If yes, give details of conviction including dates.

VII. Academic History

List all colleges and universities attended in chronological order, beginning with the most recent institution. Do not abbreviate names. *(If you need additional space, please attach a separate page.)*

2) Institution City/State/Country	Dates Attended From/To (mo/day/yr)	Major Field of Study	Degree	Date Awarded or Expected (mo/day/yr)

VIII. Certification/Licensure

List any certification/licenses you hold at this time. *(If you need additional space, please attach a separate page.)*

3) Certification/Licensure Type	Date Granted (mo/day/yr)	Granting Agency

Observer Application

Section 1.02

IX. Employment and Training Experience

List employment and training experience in chronological order, beginning with the current or most recent institution. Do not abbreviate names. *(If you need additional space, please attach a separate page.)*

Dates From/To (mo/day/yr)	Type of Experience (Identify Type: Teaching Intern, Residency, Military, Practice, etc.)	Institution	City/State/Country

X. Statement of Intent

State your objectives and proposed duration of your observation visit. *(Attach additional sheets as necessary.)*

XI. References (names and addresses of two professionals)

1. Name: _____

Mailing Address: _____

No. and Street

City

State

Zip

Country

Phone: _____ Fax: _____

Section 1.03

2. Name: _____

Mailing Address: _____

No. and Street

City

State

Zip

Country

Phone: _____ Fax: _____

Section 1.04

XII. Acknowledgement

Read the following statements carefully before signing your application.

I understand that all application material submitted to The University of Texas Health Science Center at Houston (UT-Houston) becomes the property of UT-Houston and is not returnable. I also understand that UT-Houston is not obligated to furnish me with duplicate copies.

Observer Application

I understand that the information submitted herein will be relied upon by UT-Houston to determine my status for eligibility as an observer. I authorize UT-Houston to verify the information I have provided. I understand that any omission of requested data may jeopardize my consideration for an observership. I agree to notify the proper UT-Houston officials of any changes in the information provided.

I certify that the information in the application is complete and correct to the best of my knowledge and belief. I acknowledge the submission of any false information is grounds for rejection of my application or termination of my observership.

Signature _____ Date _____

XIII. Release of Information

I release from liability and from any restrictions as to confidentiality or privacy all hospitals, schools, physicians, employers, individuals, agencies or organizations that provide information about me at the request of The University of Texas Health Science Center at Houston or its agents.

Signature _____ Date _____

XIV. Other Information

Section 1.05 (This information is required in order to conduct a security background check.)

Sex: Male Female

Ethnic Origin: American Indian/Native Alaskan Black, Non-Hispanic White, Non-Hispanic
 Asian/Pacific Islander Hispanic Other

Date of Birth _____ Social Security # _____

Section 1.06 (This section to be completed by The University of Texas Health Science Center at Houston)

XV. Observer Plan

Section 1.07 (To be developed by the school or administrative unit coordinator and the faculty or administrative staff sponsor)

School/Administrative Unit Coordinator:

Name: _____

Phone Number: _____ E-mail: _____

i) Faculty/Administrative Sponsor:

Name: _____

Phone Number: _____ E-mail: _____

Dates of Observership:

Beginning Date: _____

Ending Date: _____

Observer Application

Section 1.08 Observer Plan (continued)

Description of Anticipated Observer Activities:

In addition to anticipated activities, please describe any potential areas of conflict or security/confidentiality issues. If applicable, describe any need for access to patient records, confidential or proprietary databases or materials, or issues relating to possible authorship on manuscripts or abstracts. (Attach additional pages if necessary)

Section 1.09

- i. **Safety Issues:**
ii. *To ensure that observers are protected, some training may be involved. Contact Environmental Health and Safety for determination of training needs. (Please Check "yes" or "no.")*

Will the observer work in a lab or clinical setting where hazardous materials are used? Yes No

If "yes," will the observer be exposed to or handle:

Chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Potentially infectious materials or specimens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Select agents as identified by CDC (Patriot Act of 2001)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sources of radiation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

XVI. Approvals

Faculty/Administrative Sponsor	Title	Date
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Department Chair/Administrative Unit Head	Title	Date
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Dean	School	Date
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Associate Vice President for International Programs	Date
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Executive Vice President for Academic Affairs	Date
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