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: _________________

Supervising Physician 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: _________________