JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

Clinical and Non-Clinical Observation Application

Applicant to Complete this Section

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Email: _____

Parent/Guardian Name: _____
(If under the age of 18 years)

Street Address: _____
(If different from above)

City: _____ State: _____ Zip: _____

Telephone No.: _____

Emergency Contact Name: _____ Telephone No.:_____

School Affiliation: _____

Instructor/Teacher: _____ Telephone No.: _____

Email: _____

Clinical Area or Profession of Interest: (e.g. Nursing, Physical Therapy, etc.)

Non-Clinical Area or Profession of Interest: (e.g. Finance, Information Technology, etc.)

Reason for Observation:

Date(s) and Time(s) Requested: _____

Location Requested (Specify Main Campus or Outreach Center location): _____

_____ Date: _____
Applicant Signature

_____ Date:_____
Parent/Guardian Signature *(if under the age of 18 years)*

Sponsor to Complete this Section

TYPE OF EXPERIENCE APPLYING FOR:

☐ **Informal (up to 1 week or 40 hours) observation experience**

Director Signature: _____ Date:

☐ **Formal (more than 1 week or 40 hours) observation experience**
(All three signatures below required if there is not an Affiliation Agreement on file with Legal Affairs)

Legal Counsel: _____ Date:

VP or CMO: _____ Date:

VP of HR: _____ Date:

HEALTH SCREENING PAPERWORK TO ATTACH:

☐ 2 doses Measles
☐ 2 doses Mumps ***or*** ☐ 2 doses MMR ***or*** ☐ Born before 1957
☐ 2 doses Rubella

☐ 2 doses V2V (Varicella) ***or*** ☐ Documented disease

☐ Flu vaccine (if observation is during flu season)

☐ Proof of health insurance

ADDITIONAL PAPERWORK TO ATTACH:

☐ Signed Observation Agreement

☐ Signed Confidentiality Agreement

☐ Signed Parental Permission Form (if observer is less than 18 years of age)

Location for Experience: _____

Name of Clinical Preceptor or Mentor Assigned: _____

Please send application and supporting documents to achobservationrequests@jhmi.edu

Completed By *(Sponsor)*: _____ Date: _____