

Visiting Observer Application

| Perso | nal Information: | | | |
|-------------------|--|-------------------------------|----------------------|------------|
| Last Name | | First Name | Middle Name | |
| Maide | n Name (<i>if applicable</i>) | | | |
| Other | names you have used: | | | |
| Sex: | Male 🗌 🛛 Female | e 🗌 | | |
| Date o | of Birth: mm / dd / yyyy | Place of Birth: city, country | | |
| Primary Language: | | Secondary Language: | | |
| Curre | nt Home Address (REQUIRED) | | | |
| Street | Address (business addresses will a | not be accepted) | | |
| City | | State / Province | Postal Code | |
| Country | | Primary Telephone# | Alternate Telephone# | |
| Email A | ddress | Alternate Email Address | | |
| How lo | ng at this address?: | | | |
| Gover | nment-Issued Identification (I | REQUIRED) | | |
| | Passport#: (US or International Applicants) | | Country of Issue | Expiration |
| | National ID#: (International Applicants) (REQUIRED for Chinese Nationals | s) | Country of Is | sue |
| | | | | |

Employer Information:

| Current Employer: | | | | |
|--|------------------------------------|---------------------------|------------------------------------|--|
| Address 1: | | | | |
| Address 2: | | | | |
| City / Town: | | State / Province: | | |
| Country: | | Telephone: | | |
| Your current title: | | Department | | |
| Current supervisor's nan | ne: | _ Supervisor's telephone: | | |
| Date of hire: | | | | |
| mm / dd | Туууу | | | |
| Medical School (requir | ed for clinical observership ar | oplications) | | |
| Name of School: | | | | |
| Address 1: | | | | |
| Address 2: | | | | |
| City / Town: | | State / Province: | | |
| Country: | | | | |
| Telephone: | | Fax: | | |
| | Please include country & city code | | Please include country & city code | |
| Degree:(i.e. MD, MBBS | | Graduation [| Date: | |
| (I.e. MD, MBBS | s, PhD) | | | |
| Personal Reference: | | | | |
| Name: | | Relationship: | | |
| Address: | | | | |
| City: | | State/Province: | | |
| Country: | | How Long? | | |
| Emergency Contact: In case of emergency, w | ve should contact the following p | erson: | | |
| Name: | | Relationship: | | |
| Telephone: | | | | |
| Please include | e country & city code | | Please include country & city code | |

English Proficiency:

Proficiency of the English language is required for all visitors engaging in educational activities. Minimum standards of comprehension include:

- Listening: visitors will be expected to process and understand English in a variety of social and instructional situations
- Speaking: visitors can expect to be engaged in oral communications in a variety of situations for a variety of purposes and audiences; ability to be conversant in individual or group situations is necessary
- Reading: visitors will be expected to process, interpret and evaluate written language, symbols and text with understanding
- Writing: it is expected that visitors will be able to engage in professional written communications for a variety of purposes and audiences

| | Based upon the criteria above, I attest to the fact that I am proficient in English. |
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| Applicant Initials (REQUIRED) | |
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