

**Boston Medical Center  
Observer Application**

**Personal Information:**

Name: \_\_\_\_\_  
(Last Name) (First Name)

Home Address: \_\_\_\_\_

Telephone: (HM) \_\_\_\_\_ (Other) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number - -  
Company/Education Institution: \_\_\_\_\_

**Sponsor Request:**

Sponsors Department: \_\_\_\_\_

Dates of observation From \_\_\_\_\_ To \_\_\_\_\_

Observship  
Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsors Name: \_\_\_\_\_

.....

Attestation: The observer \_\_\_\_\_(name) will act only in the role of an observer.

\_\_\_\_\_  
Chief of Service Date: \_\_\_\_\_

I have read the Boston Medical Center policy on Observers and agree to abide by its requirements. I have also enclosed the paperwork required by the policy.

\_\_\_\_\_  
Director, Clinical Area Date: \_\_\_\_\_

\_\_\_\_\_  
Observer Date: \_\_\_\_\_