

**Clinical Sponsored Observing with University of Tennessee College of Medicine
Chattanooga Faculty Physicians at Erlanger Health System**

Note:

Observing experiences are limited to one or two days.

**Applicants MUST be at least 18 years of age to be eligible for consideration --
NO EXCEPTIONS.**

Email Application and Documents to: MSE@erlanger.org.

Application - Clinical Sponsored Observing

Student Demographic Information

Applicant's Full Name:

Applicant's Full Address:

Applicant's Phone Number:

Applicant's Birthdate:

Applicant's Gender:

Applicant's School Information

Name of Current School/University:

City and State of Current School:

Current Ranking (1st-4th year):

Expected Graduation Year:

Current or Most Recent GPA:

Emergency Contact Information

Emergency Contact Name:

Relationship to Applicant:

Emergency Contact Phone #:

Physician and Specialty

Name of Physician with whom want to shadow:

Physician's Specialty:

Beginning and Ending Dates you are available:

Other Information

List any health concerns about which we should be aware if you are approved:

Separate Attachments

Please attach the following separately when you submit the application:

Copy of immunization records, including proof of MMR, Chickenpox immunity, & a negative TB skin test within 12 months

Color photo of the applicant (head shot – shoulders up in a .jpg or .png format)

Letter of recommendation and good academic standing from a teacher, university counselor, or dean – on the school’s letterhead -- sent directly to MSE@erlanger.org (in the letter, please request that the individual writing the letter reference your name and that you are requesting to observe a physician).

Application Agreement

After reading the following statements, please sign at the bottom of the application:

If approved, I agree to complete HIPAA compliance training required by Erlanger.

If approved, I agree to adhere to all Erlanger and UT policies and procedures.

I understand that this experience involves observation only and that I am not permitted, under any circumstances, to touch patients or be directly involved in patient care.

If approved, I agree to wear an Erlanger-issued ID badge, denoting the dates of the observation, and will return the badge to the faculty physician or the Graduate and Medical Student Education Department (Whitehall Building, Suite 104) at the end of the observation.

I affirm that the information in this application and supporting documentation is true and accurate.

I understand that if approved for observation, any false statements, omissions, or other misrepresentations made in the application may result in the immediate dismissal from the experience.

Observing Student’s Signature

EEO Statement: It is the policy of UT and Erlanger to provide quality opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please complete this application and include all required attachments (immunization record and photo (.jpg or .png file). Email in one message to MSE@erlanger.org with the subject Application - Clinical Sponsored Observing.