



OBSERVER APPLICATION

Individual desiring to observe at St. Mark's Hospital must be:

- At least 18 years old and provide proof of age in the form of a driver's license, passport, state issued identification card or HCA employee badge.
- Have a sponsor (St. Mark's employee, physician) willing to allow observation of their clinical practice (St. Mark's will not make these arrangements on observer's behalf.)
- Be one of the following: Physician, Allied Health Professional, or other **licensed** clinician (RN, Respiratory Therapist, etc.). Proof of active license required. (*Observers cannot be fulfilling student clinical rotation requirements. Additionally, observers cannot be working in a vendor capacity.*)

Name _____ Date _____

Current License _____ Are you related to your sponsor? Yes ___ No ___

Staff member (sponsor) you wish to observe _____ Department _____

Are you a vendor? Yes ___ No ___ Are you a student? Yes ___ No ___ School _____ Program _____

Email _____ Phone _____

Date you wish to observe: From _____ To _____

Reason/Intent of Observing: _____

By signing below, the parties affirm that they will each adhere to all hospital policies concerning patient safety, privacy, and confidentiality and the Observer will be under the direct observation of their medical or allied health staff member (sponsor) at all times. No privileges to provide patient care are granted under this Agreement. The medical or allied health staff member who agrees to sponsor the individual agrees to obtain patient consent & assume full responsibility for the Observer's actions during the time of observing. Observer agrees to bear all risks related to his/her participation as an Observer at the Hospital and waives all claims against the Hospital. Observer agrees to indemnify, defend and hold harmless the Hospital, its employees, contractors, agents and medical staff members, from and against any expense, loss, liability or consequential damages as a result of breach of obligations under the signed Agreement.

Observer Name (printed): _____ Date _____

Observer Signature _____

Sponsor Name (printed): _____ Date _____

Sponsor Signature _____ Sponsor Email _____

Administrative ("C" Suite) Signature _____

Date _____

The Placement Coordinator must receive completed application, 30 days in advanced of the requested observation date. You will be notified by email or phone if you are accepted.