



## Application for Visiting Observer (Research or Clinical)

### Checklist

*Application to Observe* form completed and signed by applicant, sponsoring Faculty member and Department Chair.

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CV

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Proof of current individual health insurance

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External letters of recommendation  
(department chairperson or program director of current program)

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Evidence of INS authorization/approval (*if applicable*)

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Other (*additional documentation if applicable*)

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*Conditions for Clinical /Research Observers* form (as applicable)

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*Acceptance of Risk* form (required for all observers)

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*Confidentiality Obligations* form (required for all observers)

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**Applicants are to return the completed application forms and checklist to the Department Administrator at least 30 days in advance of the observership.**



# Application to Observe (Research and Clinical Care)

This form is to be used by individuals with advanced degrees who request and are extended opportunity to come to the health sciences campus to observe in areas of research or clinical care in order to advance their education. The applicant must have an M.D., D.O., D.D.S. or equivalent terminal clinical degree, or Ph.D. degree, or the equivalent. Observers will not have any level of independent or unsupervised privileges at the medical center or its affiliated sites. The observer will not be permitted to engage in any patient care or hands-on training involving patients. There will be no certification made by Loyola of any clinical training.

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

Permanent  
Address: \_\_\_\_\_

Street City State Country Zip

Telephone: \_\_\_\_\_  
Cell/Other \_\_\_\_\_

Email: \_\_\_\_\_

Sex:  M  F Birthday: \_\_\_\_\_ (MM/DD/YYYY)

Name of sponsoring entity (hospital, academic  
institution, governmental entity, etc.) \_\_\_\_\_  
Position or rank at sponsoring entity \_\_\_\_\_

Are you enrolled in a residency training program?  Yes  No

If yes,

Name of sponsoring institution where you train \_\_\_\_\_

Type of training program \_\_\_\_\_

Name of program director (and phone number) \_\_\_\_\_

DEPARTMENT where you will be observing: \_\_\_\_\_

Name of Loyola faculty member overseeing this  
observation period: \_\_\_\_\_

Period of observation: \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY)

Are you a U.S. citizen?  Yes  No

If **No**, do you hold a permanent residence status for the U.S.?  Yes  No

If **Yes**, date permanent resident card issued (attach a copy) \_\_\_\_\_

If **No**, in what country do you hold citizenship? \_\_\_\_\_

Do you hold a J-1 Exchange Scholar Visa? (attach a copy)  Yes  No

If **Yes**, date  
issued

Expiration  
Date

Visa  
No.

\_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
\_\_\_\_\_

If you do not hold a J-1 Exchange Scholar Visa, what type of visa do you hold? (this opportunity is not available to B-1 visa holders) \_\_\_\_\_

**Application to Observe  
(Clinical and Research Observers)**  
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Are you currently under investigation by any state or federal agency for Medicare or Medicaid fraud?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Have you ever been excluded from participating in any Medicare, Medicaid, federal healthcare or other program?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Have you ever been convicted of a felony? Or, have you ever been subject to a scientific misconduct hearing?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Describe your activities and goals during this period of study and observation:

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LETTERS OF REFERENCE/RECOMMENDATION: Please attach a letter of recommendation from the department chairperson or program director of the training program in which you are currently enrolled. This letter of recommendation must attest to your professional/academic competence and ethical character.

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By signing this application,

- ✓ I request consideration for a period of study and observation at Loyola.
- ✓ I understand that I will not be permitted to engage in patient care nor independently access the clinical information system.
- ✓ I understand that I will not be represented to patients, families or staff as “Doctor” nor am I to introduce myself as such.
- ✓ I understand that I will be expected to follow all Loyola policies and procedures, that I will be expected to undergo screening for infectious diseases and safety (where applicable).
- ✓ I understand that if I breach any Loyola policies or obligations, or the information contained in my application materials is not true or accurate, I will be asked to leave immediately.
- ✓ I understand that Loyola will not provide me with any clinical training certification at the end of this period of observation.

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Signature of Applicant

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Date

I have reviewed the application and credentials submitted by this applicant to be an Observer at Loyola. I support the application and I agree to **personally oversee and supervise** this period of observation and education.

Signature of Program Director (for residents and fellows)

Date

Signature of Division Director (*if applicable*)

Date

Signature of Department Chair

Date

## Conditions for Clinical Observers

Loyola University Medical Center (LUMC) prohibits any individual from engaging in patient care who does not have independent or unsupervised privileges extended to them by LUMC by virtue of medical staff appointment, medical staff temporary privileges, enrollment in clinical training program or approval as a visitor of an affiliated clinical program.

The Illinois Medical Practice Act prohibits the practice of medicine in the State of Illinois without an Illinois license. The Act prohibits referring to or representing any person as a "Medical Doctor" if he or she does not hold an Illinois license. The Act also prohibits an unlicensed individual from wearing clothing or identification that would cause a person to infer that the individual is a physician. The potential civil and criminal penalties to the individual, his/her supervisors and the medical center for violation of the Act are severe. Therefore, it is important to prevent persons who are visiting the Hospitals to observe, teach or perform research and who are licensed physicians in other states or countries but who do not hold an Illinois medical license or who do not have privileges at the medical center ("Clinical Observers") from inadvertently or unintentionally violating the Act or Hospital policy. Individuals who hold a license in the State of Illinois but are visiting LUMC as an Observer are similarly restricted.

As a condition of \_\_\_\_\_ (hereafter referred to as the  
permitting \_\_\_\_\_ Clinical  
Observer) the opportunities to observe clinical services or observe research in the  
Section of \_\_\_\_\_  
of the Department \_\_\_\_\_ at the Loyola University Medical Center  
of \_\_\_\_\_ or its satellites  
between \_\_\_\_\_ and \_\_\_\_\_ (insert start and end  
dates)  
and under the direction \_\_\_\_\_ the  
of, \_\_\_\_\_  
Undersigned agree that the Clinical Observer:

- Will always be accompanied by a LUMC clinical attending when in the presence of patients;
- Will not be introduced to a patient, refer to himself/herself or be represented to the patient or any other person as a "Doctor" or a "Physician;"
- If the Clinical Observer wears a lab coat in the presence of a patient or in any patient care areas, it will not have embroidery on it or other identifying marks or imprints;
- All clinical observers must secure and always display on their person an institutionally-distributed identification badge. The badge will clearly delineate the title "Clinical Observer." Terminal degrees of clinical observers will not be delineated on the identification badge;
- In the presence of a patient or in any patient care areas the clinical observer will not be asked or allowed to answer specific questions about a patient's care or treatment, or otherwise provide medical or professional opinions;
- Will not access the clinical information system independently;
- Will not write patient orders or any patient notes;
- Will not interpret, write, or report test results, x-rays, etc., as part of the treatment of a patient;
- Will not perform any procedures on a patient;
- Will not be indemnified/insured by LUMC, its parents, subsidiaries, affiliates, or any of their insurers for malpractice purposes;
- Agrees to fully comply with any applicable laws or regulations;
- Agrees to follow all medical center policies, rules and regulations including, specifically, those regarding infection control and safety, confidentiality, and the policies and procedures of the IRB;
- Shall not be entitled to any of the rights or benefits of employees or students of the Loyola University Chicago or LUMC.



## Conditions for Research Observers

As a condition of \_\_\_\_\_ (hereafter referred to as the  
permitting \_\_\_\_\_ Research  
Observer) the opportunities to observe clinical services or research in the Section of \_\_\_\_\_  
of the Department \_\_\_\_\_ at the Loyola University Medical Center  
of \_\_\_\_\_ or its satellites  
between \_\_\_\_\_ and \_\_\_\_\_ (insert start and end  
dates)  
and under the direction \_\_\_\_\_ the  
of, \_\_\_\_\_  
Undersigned agree that the Clinical Observer:

- Will always be accompanied by a faculty member in the laboratory.
- Will not be allowed opportunity to use any data collected independently.
- Will not access the clinical information system independently.
- Agrees to fully comply with any applicable laws or regulations.
- Agrees to follow all medical center policies, rules and regulations including, specifically, those regarding infection control and safety, confidentiality, and the policies and procedures of the IRB.
- Shall not be entitled to any of the rights or benefits of employees or students of LUMC or Loyola University Chicago.

\_\_\_\_\_  
(Clinical Observer's signature and date)

\_\_\_\_\_  
(supervising Faculty Attending's signature and date)

\_\_\_\_\_  
(Section Chief or Program Director's signature and date)

\_\_\_\_\_  
(Department Chair's signature and date)



## **ACCEPTANCE OF RISK for Observers**

As an observer of medical activities and/or as a participant in research for purposes of my own academic development and training, I recognize and acknowledge that there may be certain risks of physical injury including, but not limited to death, which may arise from these activities. I have no physical condition that would present a risk of injury to me or others through my participation as an observer. Notwithstanding any instruction or consultation by Loyola staff, I agree to assume responsibility for any such injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the observation. I hereby release, waive and discharge the Loyola University Health System, its parent, subsidiaries and affiliates, including but not limited to Loyola University of Chicago, Loyola University Medical Center, Loyola University Physician Foundation (collectively, "Loyola"), their trustees, directors, officers, agents or employees from any and all liability, claim, damages and losses arising out of any loss, damage or injury that maybe sustained by me or to any property belonging to me while participating in these activities. I acknowledge that Loyola is providing me with an educational opportunity and I further agree to indemnify and hold Loyola harmless for any occurrence resulting therefrom. It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs and assigns. This agreement shall be construed in accordance with the laws of the State of Illinois. I further agree that participation in any activity will be at my own discretion and judgment. I also understand that Loyola does not provide health, accident or liability insurance to me. I certify that I have health insurance that will cover medical services that might be necessary and agree that I will not participate in clinical observation or research activities should I become uninsured. I further understand that Loyola may terminate my participation at any time for any reason. I have read and fully understand the above Acceptance of Risk and I voluntarily sign this agreement

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Signature of Observer

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Date

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Printed Name

**CONFIDENTIALITY OBLIGATIONS**

I, \_\_\_\_\_, will be an Observer (Research or Clinical) at Loyola University Medical Center or LUHS satellites.

I understand that I may have access to confidential research data, confidential patient information or confidential information about the family of a patient.

I understand that the data and findings that I am exposed to in the research setting are not my own and are not to be used, disclosed or disseminated or without written permission by Loyola.

I understand that any information that I learn about a patient, including the fact that a person is a patient, is confidential under the laws of Illinois and that information about a patient cannot be disclosed to anyone. I understand that the law provides for possible civil and criminal penalties for disclosure of confidential patient information.

I agree to comply with Loyola’s privacy policies, to review in particular Administrative Policy Number P-4 and to execute the Confidentiality Agreement attached thereto.

I agree that I will not:

Repeat to anyone any statements or communications made by or about the patient.

Reveal to anyone any information that I learn about the patient as a result of reviewing medical records or from discussions with others providing care to the patient.

Make any copies of any medical records or medical information.

I have read this statement. I understand my obligation to maintain confidentiality and I agree to follow that obligation. I understand that if I breach my obligation to maintain confidentiality, I will be asked to immediately leave LUHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

Date	Department
Signature of Observer	Date
Signature of Program Director (for residents/fellows)	Date
Signature of Division Director ( <i>if applicable</i> )	Date
Signature of Department Chair	Date
Signature of Chief of Staff ( <i>if applicable</i> )	Date
Signature of Associate Vice President and Associate Dean Faculty Administration	Date

# Observers

## Policy

It is the policy of Loyola to permit qualified individuals to be present on campus to observe patient care and/or research activities in order to advance education and training so long as the observation is done under supervision and sponsorship and in a manner which does not compromise or interfere with patient care or with the formal training provided to others

There will be no clinical component to any observation period and Loyola will not provide any training certification for an individual's period of observation.

## Definitions

***Visiting Research Scholar or Educator (for clinical departments)*** means a person who holds a valid research degree and/or medical license in another state or country, who is a recognized teacher or academic scholar in his/her field and who will be present at Loyola to observe for an agreed upon length of time.

***Visiting Clinical Observer*** means a person who holds a valid medical license, or who is enrolled in a residency Training Program at another institution, who has the proper credentials to come to Loyola for a period of observation and training and who will be present at a Loyola site for an agreed upon length of time.

## Procedure

All paperwork for persons who will come to Loyola in any of the categories outlined above will be obtained by the academic departments and all documentation will be maintained by the academic department and the Office of Faculty Administration or Office of Graduate Medical Education as appropriate. All submissions must include the requisite documentation as outlined in the Application for Visiting Observer (Research or Clinical) form. Incomplete applications will not be considered. Documentation must be submitted at least 30 days prior to the proposed visit. Formal approval will be issued by the Office of Faculty Administration and must be secured prior to the visitor commencing the observation period at Loyola. The academic department will make the appropriate arrangements to enable the visitor to conduct their activities while on campus. The department will be responsible for reinforcing the limitations outlined in the Conditions for Clinical or Research Observers, Confidentiality Obligations or any other appropriate limitations. The clinical department will also provide the necessary orientation to the health sciences campus.

All documentation will be kept in the Office of Faculty Administration or Office of Graduate Medical Education for a period of two years following the end of the observation period. Academic departments are required to maintain records for a minimum of two years following the end of the observation period.

Each Observer must have a faculty member who agrees to oversee the period of observation.

### **Safety Instruction**

It is the responsibility of the academic department hosting the observer to arrange for appropriate safety instruction and orientation to the areas where the observer will be present. If the observer will be involved in observing laboratory research, this instruction must include appropriate laboratory safety instruction as determined by the Safety Office, or as determined by the Senior Associate Dean of Research.

### **Identification Card**

All Observers will be issued a temporary identification card from the Security Department which must be worn at all times in the Medical Center. The identification card may not contain the designation "Dr." and may not include any academic degrees, and will identify the individual as a (research or clinical) observer.

### **Visa**

The appropriate visa is the sole responsibility of the clinical observer or visiting research scholar/educator.

### **Access to Information Systems**

Clinical Observers will not be given any access to Medical Center patient information systems. If the faculty member who is overseeing the period of observation establishes that the Clinical Observer has a significant need to access patient information systems, then he may make a request for the same through the formal approval process chain. If the request is granted, access will be given only after all training and security requirements have been met.

### **Observation in the OR**

In order for a Clinical Observer to be present in the operating room, all requirements of the Visitors to the Operating/Recovery Room Policy must be followed.

### **Applicability of Other Policies**

A person who is given permission to be an Observer is expected to follow all other applicable policies and procedures of the institution.