

## Stand Alone Program Authorization Form

### Program Information

Name of Program:		Date Request Sent:		BCM Sponsoring Department:	
Name of Affiliate Hospital(s) program you will work with:		If Other, please specify:		Department Section/Division (if applicable):	

### Sponsor Information

BCM Sponsor Name:		Phone Number:		Email Address:	
Administrative Contact:		Phone Number:		Email Address:	
Length of Program:		Are participants staff?		Education Affiliation agreement in Place:	

Purpose/Goal stand alone program:					
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Please describe how this activity will benefit BCM:					
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### BCM Learner Impact

Do BCM learners (students, residents or fellows) participate in educational experiences at this site?		<i>If yes, how will this activity impact the educational experience for BCM learners?</i>			
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### For Learner Impacted rotations/programs ONLY:

*I certify that I have reviewed the above information, and that this Observership will not have an impact on students' learning for the requested dates above.*

Program Name:		Dean Signature:		Date:	
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### Education Review

*I certify that the above information is correct, and that I understand that my program is responsible for following BCM's and the institution's policies and procedures for onboarding observers and outside learners.*

BCM Sponsor Name:		BCM Sponsor Signature:		Date	
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*I certify that the BCM Department hosting this educational program will abide by all relevant policies of BCM and that this program will not interfere with the educational experience of other learners from BCM.*

Department Chair (or Designee):		Department Chair (or Designee) Signature:		Date	
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*Based on the information provided, this educational program is cleared by the education leadership and is approved to proceed with next steps voted on by academic affiliate's Joint Academic Steering Committee or equivalent committee.*

Senior Dean, SOM and SHP (or designee):		Senior Dean, SOM and SHP (or designee) signature:		Date	
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*Final approval requires a vote from the Joint Academic Steering Committee (JASC) or equivalent committee for each affiliate. Once completed, it is the responsibility of the initiating department to adhere to all BCM and affiliate institution policies and procedures for outside observers. Please refer to the BCM Policies and Procedures Manual to review the Observers and Observership Policy. For education questions, please contact [educationalagreements@bcm.edu](mailto:educationalagreements@bcm.edu)*