

Clinical/Outside Learner Authorization Form

Observer/Learner Information

Name:		Date Request Sent:	
Observer Type:		<i>If other, please specify here:</i>	
Home School or Institution:			
	<i>Name of Institution</i>	<i>Address</i>	<i>City, State, Zip</i>
Citizenship Status:	<i>If "Non-US Citizen", this form must be sent to internationalserviceteam@bcm.edu prior to education review.</i>		

BCM Sponsor Information

BCM Sponsor Name:		Email Address:		Phone Number:	
Administrative Contact:		Email Address:		Phone Number:	
Date(s) of requested Observership (<i>May NOT exceed 1 month</i>):		Location/Site for Observership:			
Sponsoring Department:		Section (if applicable):			
Education Affiliation agreement in Place:		Is the observer seeking academic credit:			
Please describe how this activity will benefit BCM:					
Purpose/Goal of activity:					

International Services Review

I certify that I have reviewed the above information, and that this clinical learner/outside observer is cleared to proceed.

International Services Office Signator:		ISO Signature:		Date:	
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Once the top portion of this form is completed, send to internationalserviceteam@bcm.edu for review. If approved and signed, please proceed to bottom portion for further review and processing. Please note, education leadership will not review this form unless it has been approved by ISO.

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>	
If BCM learners do not currently participate in educational experience as this site, would the preceptor be open to engaging learners in the future?		<i>If no, please explain:</i>	

If yes, the initiating office must contact the clerkship or program director for sign off prior to sending to Senior Dean's Office.

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:		Clerkship/Program Director 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 Preceptor hosting the observer / outside learner will abide by the BCM Observer and Observership Policy and all other relevant policies, and that the Observership/ outside learner will not interfere with the educational experience of BCM learners at that site (if applicable).

Department Chair (or Designee):		Department Chair (or Designee) Signature:		Date:	
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Based on the information provided, this clinical learner/outside observer experience is cleared by education leadership to proceed with next steps through the BCM Observers and Observership Policies and the academic affiliate's observership policy.

Senior Dean, SOM and SHP (or designee):		Senior Dean, SOM and SHP (or designee) signature:		Date:	
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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 the Office of Accreditation (EducationalAgreements@bcm.edu).