



Request for Observer

To be completed by the LSU Health sponsoring school and faculty member.

Sponsor Contact Information

Faculty Sponsor:

Printed Name: _____ Phone Number: _____

Title: _____ Department/School: _____

Email Address: _____

Administrative Support Contact:

Printed Name: _____ Phone Number: _____

Title: _____ Email _____

address: _____ Building Code/Room Number: _____

Observer Plan

Name of Observer: _____ Email Address: _____

Dates of Association:

Beginning Date: _____ Ending Date: _____
month/day/year month/day/year

Number of Hours per Day: _____ Numbers of Days per Week: _____

NOTE: All required documentation must be submitted, **at least four (4) weeks before the start of the visit**, to:
 Office of the Registrar (Room 1-212) – LSUHSC-S School of Medicine
 Non-U.S. applicants may take longer to process if there are visa delays.

Department's Statement of Intent (REQUIRED)

Please describe in detail what the Visitor will do at LSU Health under your supervision. Attach additional pages as needed.

For Pre-Baccalaureate and Professional Trainees, please attach a LSU Health Trainee Plan.

Compliance and Safety Considerations:

1. Will Applicant be in a clinical setting?	Yes	No
2. Might the Applicant be exposed to human blood, body fluids or other material potentially infected with blood borne pathogens?	Yes	No
3. Will Applicant be present in a lab/clinic setting where potentially hazardous materials may be used?	Yes	No
4. If Yes for Item 3, might the Applicant be exposed to: Chemicals? Potentially infectious materials or specimens? Sources of radiation?		
	Yes	No
	Yes	No

Security Considerations:

All Visitors must obtain a LSU Health badge issued by Parking and display it at all times.

Which building access areas are needed? _____ Expected access hours needed: _____

Does the Faculty Sponsor have any export controlled technology, data, information and/or equipment in the area where the Visitor will be located? Yes No

If yes, please call Office of Legal Affairs at 318-675-5406

Approval – Faculty Sponsor

I certify that I have reviewed the Applicant’s background and references and believe the Applicant to be qualified and fit for this association with LSU Health. I agree to be responsible for the Visitor during his or her association with LSU Health and to ensure that he/she receives all required compliance and safety training (e.g., training on human subjects, animal handling, patient privacy) at the onset of the association. I will ensure that the Visitor’s activities will be strictly limited to those outlined and approved in this application. I certify that I have not implied and will not imply that a job offer or other appointment at LSU Health might result from this association. I certify that I will maintain proper oversight of these activities to ensure compliance with LSU Health rules and regulations. I agree to ensure that the Visitor’s LSU Health badge is collected and returned to The Office of the Registrar upon the completion of the association.

Signature of Faculty Sponsor Printed Name Date

Approval – Department / School

I approve this application and confirm that this association is consistent with the university’s educational mission, and the activities are appropriate to the category selected.

Signature of Department Chair or Dean Printed Name Date

NOTE: The administrative contact in the sponsoring department submits the completed application and Health Form(s) to the Office of the Registrar-School of Medicine – LSUHSC-S (Room 1-212).

Approval – MSIV clerkship departmental coordinator

I approve this application and confirm that the placement of this observer will not impede the slot of a LSUHSC – School of Medicine student.

 Signature

Printed Name

 Date

Approval for US Citizens and Permanent Residents

The following has been completed:

 Background Check by Human Resources

 Signature / Human Resources Management

Printed Name

 Date

Approval – Office of Legal Affairs (Ms. Carol Peterson) (for foreign nationals only)
 Compliance screening has been completed satisfactorily: _____

I have reviewed this application for immigration purposes and certify that it is complete.

 Signature / Office of Legal Affairs

Printed Name

 Date

Health Clearance – LSU Health Occupational Health
 Health Screening by LSU Health Occupational Health

 Date: _____

Approval – Vice Chancellor for Academic Affairs

This association is authorized, contingent upon:

- 1) no change in the Applicant's health status which may adversely affect individuals in the LSU Health community;
- 2) an appropriate visa being obtained by the Applicant (for foreign nationals); and
- 3) the signing by all parties of an additional Affiliation Agreement or Visiting Agreement (if applicable).

 Signature – Vice Chancellor for Academic Affairs

 Date
