



Request for Observer – (All 4 pages must be submitted)

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 six (6) weeks before the start of the visit**, to:
Office of the Registrar (Room 4-403) – Admin building
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.

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?	Yes No
	Potentially infectious materials or specimens?	Yes No
Sources of radiation?	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 Observer 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 Observer'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 Observer'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-Admin Building – LSUHS(Room 4-403).

Approval – Student departmental coordinator

I approve this application and confirm that the placement of this observer will not impede the learning objectives of any student learner (LSUHS Med Students, Visiting Med Students, AH students etc)

 Signature

Printed Name

 Date

Approval for US Citizens and Permanent Residents

The following has been completed:

 Background Check by Office of the Registrar

 Signature / Office of the Registrar

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 – Ochsner Employee Health
 Health Screening by Ochsner Em Health

 Date: _____

Approval –Provost

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

 Signature – Provost

 Date

Faculty Sponsor Responsibilities:

In consideration of being given the opportunity to sponsor an observer at Ochsner LSU Health, I agree to instruct and ensure that the observer performs the following:

- 1. The observer shall review the written information regarding Ochsner LSU Health policies for Compliance. I shall answer any questions the observer may have about this information. Compliance paperwork will be provided via email to the observer, if the observership request is approved.**
- 2. I understand the clinical observer is not permitted to have direct patient contact or to practice medicine. I acknowledge the clinical observer does not have medical staff privileges to practice medicine at Ochsner LSU Health. I understand the clinical observer is not permitted to participate in direct or indirect patient care activities. These restricted activities include but are not limited to hands-on patient care or medical equipment, access to medical information (medical charts, computer work stations, electronic medical record), instruments, medications, infusions, intravenous liquids, lab testing equipment, etc.**
- 3. I understand that the observer is permitted only to observe patient care, and only with patient consent. I agree that the observer shall not touch any patient or anything in the patient's environment, or provide to the patient any kind of medical care or miscellaneous support.**
- 4. I understand the observer is not covered under malpractice insurance.**
- 5. I understand the observer may not take part in any form of research.**
- 6. The observer shall be instructed to wear his/her identification badge at all times during the observation experience at Ochsner LSU Health.**
- 7. I understand the observer must remain with me (or my designee) while in patient care areas – the observer is not permitted to move freely around the hospital or the medical school.**
- 8. Failure to follow the above guidelines will result in loss of Faculty Sponsor privileges for a two-year period. The Department Chair and Provost will also be notified.**

Faculty Sponsor's Name *(Please Print)*: _____

Faculty Sponsor's Signature: _____

Date: _____