

OBSERVER APPLICATION FORM

A current Curriculum Vitae and letter of reference from your current employer must accompany this completed application form.

All correspondence, including this observer application form and accompanying documents, must be coordinated through the office of your sponsoring physician at Memorial Hospital to be submitted to the Office of Graduate Medical Education at least two weeks in advance of the observership.

On the first day of observership, please register in the Office of Graduate Medical Education, located in Memorial Hospital, 1275 York Avenue, Room M-2101A. Hours: Monday to Friday 8:30 AM to 5 PM. Telephone (212) 639-6788. Upon registration, please present photo identification, e.g., Passport, driver's license, or affiliation identification to receive a Clinical Observer Identification Badge.

Name of Applicant _____

Permanent Address _____

City _____ State _____ Zip _____ Phone _____

Affiliation _____

New York Address _____

Local Phone _____

Desired Dates of Observership _____ to _____ (12 weeks maximum)

Professional School _____ Degree/Year Graduated _____

Have you observed at MSKCC previously? _____ If yes, indicate time frame & Sponsor _____

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MEMORIAL SLOAN-KETTERING CANCER CENTER IN RESPECT TO THE OBSERVERSHIP PROGRAM, A COPY OF WHICH HAS BEEN GIVEN TO ME.

Signature of Applicant _____ Date _____

MSKCC Sponsor _____

Department _____ Service _____

Dates of Observership _____ to _____ Location e.g., Main Campus, Zuckerman _____

Required Signatures:

MSKCC Sponsor _____ Date _____

Service Chief _____ Date _____

Department Chairman _____ Date _____

Office Use Only: ID No. _____ Date _____ By _____