



# North Alabama Medical Center

## Application and Authorization for Observership

**\*\*Please submit the application and all required documents 90 days in advance for processing\*\***

**Observer Name:** \_\_\_\_\_

**Observer Email:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**English Proficiency Level: Choose one**      Basic \_\_\_\_ Conversational \_\_\_\_ Proficient \_\_\_\_ Fluent \_\_\_\_

**Basic:** indicates you know simple words and phrases. You may not yet be able to keep up with conversations in the language.

**Conversational:** indicates that you can carry on a conversation, although not fluently. You may still express uncertainty in your choice of words.

**Proficient:** indicates a high level of comfort with the use of a language in spoken or written form but isn't yet at the level of a native speaker. Proficient speakers are more comfortable with a language than conversational speakers.

**Fluent:** indicates a high level of comfort using the language and can converse in the same manner as a native speaker

### **Requested Dates of Rotation:**

**Option (1)** From: \_\_\_\_\_ To: \_\_\_\_\_

**Option (2)** From: \_\_\_\_\_ To: \_\_\_\_\_

### **To be signed by the applicant:**

By applying for this observership at North Alabama Medical Center (NAMC), I agree to abide by the rules and regulations of the hospital and service to which I am assigned. I understand that NAMC will not provide a stipend, benefits, and professional liability insurance. I certify that the statements made in this observation application are true, correct, and complete. I understand that information may be disclosed to any party with legal and proper interest, and I release the hospital from any liability whatsoever for supplying such information.

I understand that it is my responsibility to assume financial responsibility for expenses associated with any personal accident or injury that may occur while at NAMC, and that any illness or injury shall be reported immediately to the program. I understand that the observation experience may be discontinued, without cause, at any time by NAMC or by the observer.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*See attached checklist for process and required documents to provide for observership consideration\*\***

## Process and Checklist for Observership at North Alabama Medical Center

### To Applicant:

Please submit your application and the required documents to [imresidency@namccares.com](mailto:imresidency@namccares.com) at **least 90 days** prior to the **first** requested rotation date.

### Required documents:

- Application
- Letter of intent detailing the reasons for seeking the observership
- Two letters of recommendation
  - Preferably from physician's familiar with the applicant's clinical skills.
- Copy of Curriculum Vitae
- Copy of your immunization records, including COVID-19 vaccination documentation.
  - If you did not receive the COVID vaccination, please complete the declination form provided on the *Observation Opportunities* page on the NAMC website.
- If applicable, a copy of a valid ECFMG certificate and Visa
- Evidence of passing USMLE exam(s) (if taken)
- NAMC required forms can be found on the *Observation Opportunities* page
  - Fit Testing Disclaimer
  - Confidentiality Statement
  - Indemnification Form

Upon receipt of the signed and completed application and required documents, the observership program Chairman will review and process the application. The applicant will be notified of the decision **within 30 days** and be provided with further instructions.