

17-9513 Office of Learner Affairs Clinical Observer Checklist

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To be used by the Office of Learner Affairs. All documentation will be held on file for a minimum period of Calendar Year plus 3 years.

q Office of Learner Affairs Checklist:

\_\_\_\_\_ Copy of government issued photo ID

\_\_\_\_\_ HIPAA orientation

\_\_\_\_\_ Basic orientation to fire safety, infection control, role of the observer and sponsor, privacy, and proof of CAMC Health Systems required education

\_\_\_\_\_ Proof of MMR vaccination or immunity to measles, mumps, rubella

\_\_\_\_\_ Proof of negative TB skin test results within the past 12 months or a negative TB symptom survey

\_\_\_\_\_ Proof of personal health insurance

\_\_\_\_\_ Drug screening test

\_\_\_\_\_ Background check

q Observer Application Form, ensure that the Sponsor has signed the Attestation.

q Observership Confidentiality Agreement

**DATE:**  
Required

**TIME:**  
Required

**SIGNATURE:**  
Required