



Joe R. & Teresa Lozano Long School of Medicine
Department of Medicine, Division of Hospital Medicine

Before submitting your observership application, please visit the Hospital Medicine Clinical Observership webpage (<https://lsom.uthscsa.edu/hospital-medicine/home/hospital-medicine-observerships/>) to ensure that you meet all requirements as well as review a list of fees associated with the observership program.

APPLICATION FOR OBSERVERSHIP

Full Name: _____ Date of Birth (mm/dd/yyyy): _____

Street Address: _____

Mobile Number: _____ Email Address: _____

Emergency Contact: _____ Emergency Contact Number: _____

OBSERVERSHIP PREFERENCES

Desired Dates of Observership (mm/dd/yyyy-mm/dd/yyyy; not to exceed 8 weeks):

First Choice: _____ Second Choice: _____

**Please note that exact dates of observership are dependent upon the availability of a Sponsoring Physician and open observer spots. The application processing timeline takes at least 60 days from initial approval to the start date of the observership.*

Desired Observership Location: University Hospital Multispecialty & Research Hospital
 Both UH & MSRH

VISITING STUDENTS ONLY

When submitting your application please include your resume.

Institution where you are currently enrolled: _____

Are you at least 18 years of age? Yes No

**Observerships are only open to individuals 18 years of age or older who have graduated from high school.*

Do you have current medical insurance coverage? Yes No

Have you completed Title IX training as part of your university onboarding? Yes No

INTERNATIONAL MEDICAL GRADUATES ONLY

When submitting your application please include your CV/resume, USMLE score(s), current visa, and recommendation letter/dean's letter.

Country of Citizenship: _____

Do you possess a current United States visa? Yes No Expiration Date (mm/dd/yyyy): _____



Joe R. & Teresa Lozano Long School of Medicine

Department of Medicine, Division of Hospital Medicine

Visa type: B1/B2 H-4 J-2 Other: _____

Are you currently in the US? Yes No

If yes, were you admitted to the US as B-1 admission class? Yes No

**Observers must be admitted to the US under B-1 admission class; this will be confirmed by UT's Office of International Services (OIS) through your I-94 admission document.*

Are you able to provide documentation of your scores for the following? (check all that apply)

USMLE Step 1 USMLE Step 2 USMLE Step 3

I have not completed any of the USMLE process

Are you able to provide the following required documents? (check all that apply)

Letter of recommendation from a current supervisor Letter from the Dean of your medical school

IMMUNIZATION REQUIREMENTS

Below are immunizations required in order to be considered for a clinical observership with UT Hospital Medicine. Are you able to supply documentation in the form of immunization or titer records for the following **OR** are you willing to obtain the needed immunizations prior to your application for observership being accepted for review? Yes No

**All records not originally issued in English must be accompanied by an official English translation.*

- COVID-19 vaccines
- Influenza vaccination for the most recent flu season
- Completed vaccine series **or** immune titer results for:
 - Hepatitis B (3-series)
 - MMR (2-series)
 - Varicella (2-series)
 - Tdap booster administered in the last 10 years (Td boosters will not be accepted, boosters must include all Tdap components)
 - TB/PPD skin test completed within 3 months of the observership start date (i.e. for a 09/01 observership start date, the results must be dated 06/01 or later)
**In case of a positive skin test result, a TB QuantiFERON Gold test, current chest x-ray, AND a physician evaluation stating the individual is free of TB symptoms is required.*

I have reviewed and agree to all UT Hospital Medicine Clinical Observership program requirements. I understand that submission of this application does not guarantee acceptance into the observership program as this is contingent upon the availability of a faculty preceptor and payment of the application and observership fees.



Joe R. & Teresa Lozano Long School of Medicine

Department of Medicine, Division of Hospital Medicine

I have reviewed and agree to the fees associated with the UT Hospital Medicine Clinical Observership program as well as the “Cancellation Refund Policy”. The full fee structure is available on the observership webpage and a list is included below. Observers are responsible for all travel, accommodation, living expenses, and parking fees. All fees are non-refundable and are subject to change at the discretion of the individual department or institution without prior notice.

- \$500 UT Observership Application fee (*this is to be paid once your initial application has been approved by the Program Director*)
- \$500 per week UT Observership fee (*due in full before the start of the observership; the Program Coordinator will provide instructions for payment at the time that it is due*)
- \$25-\$50 Registrar Application fee (*visiting students only*)
- Additional fees due at time of arrival
 - \$10 University Hospital Observer Badge fee (*UH observers only*)
 - \$10 UT Badge fee (*visiting students and MSRH observers only*)

Signature

Date