

The Hospital for Sick Children
PHYSICIAN/DENTIST OBSERVER APPLICATION

1. APPLICATION

Applicant _____
Name Degree(s)

from _____
State/Country University/Hospital

requests to observe _____

under the supervision of _____ for the period _____ to _____
YY-MM-DD YY-MM-DD

in the Department of: _____ Division of: _____

Contact Information in Toronto: _____
Address Phone

In making this application to The Hospital for Sick Children, I agree to abide by its By-laws and policies as it may from time to time enact. I understand that I may not begin an Observer term without prior Department Chief approval. As well, I understand I must provide my immunization records as a condition of my acceptance. I also understand that if I am approved to be an Observer, I will be restricted from practicing medicine/dentistry and will not assist in the operating room or in any other patient care setting within the Hospital. I understand that Observers are **not** considered employees of the hospital for any purpose and therefore is not entitled to salary, benefits, reimbursement of expenses or other forms of compensation. Observers at the hospital are **not** covered under the Workplace Safety and Insurance Board (WSIB) and are not covered under the hospital's liability insurance. As an Observer I release the hospital and its affiliates from any responsibility or liability for personal injury, and/or damage to or loss of property.

Signature YY-MM-DD

2. APPROVALS

Division Head (if applicable) _____
signature YY-MM-DD

Department Chief _____
signature YY-MM-DD

Rationale if term exceeds 12 weeks _____

approval (term 13-52 weeks) _____
YYYY-MM-DD

Immunization Form <input type="checkbox"/> <small>(If term is >1 week)</small>	Copy of Professional Degree <input type="checkbox"/>	Curriculum Vitae <input type="checkbox"/>	Photo <input type="checkbox"/>	Confidentiality Agreement <input type="checkbox"/>	Application Fee <input type="checkbox"/> <small>(If term is >2 days)</small>
Occupational Health Nurse _____ <small style="margin-left: 100px;">Signature</small> <small>YY-MM-DD</small>					
Medical Affairs _____ <small style="margin-left: 100px;">Signature</small> <small>YY-MM-DD</small>					
<ol style="list-style-type: none"> 1. Term of 12 weeks or less: Department Chief approval is required. 2. Term > 12 weeks: Credential Committee approval is required. The Department Chief is asked to provide a justification for requesting a longer Observer term and assurance that resource utilization by the Observer will not burden the Hospital. 3. Once Departmental approval has been granted, signatures are required from the Occupational Health Nurse and Medical Affairs signifying that immunization records are in order and all required documentation has been provided. The Medical Affairs will notify the respective Department/Division by email once the application is deemed to be complete. 4. Once the Application has been approved the Medical Affairs will arrange for a badge. Observers are not required to visit the Medical Affairs and may go directly to the badging office to obtain the ID badge. 5. For queries on immigration procedures for visitors who will be Observers contact Immigration Canada at (416) 973-4444 or toll free at (888) 242-2100. 					

Personal information contained on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act and will be used for the purpose of verifying the credentials of the SickKids Physician/Dentist Observer. Questions about this collection can be directed to the Staff Appointment Supervisor, 416-813-5132