

**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.*

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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 \_\_\_\_\_

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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 \_\_\_\_\_