



**OBSERVATION COORDINATOR CHECKLIST
OBSERVER**

This form must be completed and attached to all observation applications.

Observer Name: _____

Start Date: _____ End Date: _____ Number of hours: _____

The observation coordinator has the right to refuse any observation requests that are not conducive with department activities. Visit GM 38 for further information.

FILE ONE

_____ Attachment A: Application

_____ Attachment B: Sponsor Form must be signed by sponsor

_____ Attachment C: Consent to Participate:

_____ Attachment D: Orientation Review:

_____ Attachment E: Patient Consent – completed if in OR or Labor and Delivery, filed in patient record

_____ Copy of Photo ID

_____ Copy of Health Insurance

_____ Compliance Training Certificate - Obtain from Observation Web Site - <https://tinyurl.com/3nr96atp>

_____ OR quiz (If observing in OR)

FILE TWO

_____ Proof of 2-Step TB or T-Spot (blood draw TB) within 6 months of observation experience

_____ Copy of COVID Vaccination Card

_____ Proof of Flu Vaccine during Flu Season

The observation coordinator is responsible for:

- providing all necessary paperwork to observer
- submitting only accurate and complete applications to UHClevelandObserver@UHhospitals.org three business days prior to experience
- ensuring observer is compliant with dress code and does not wear equipment or clothing that would identify observer as staff
- ensuring observer has paper ID and is supervised at all times
- ensuring Patient Consent Form Attachment E is signed by patient if observer will be in OR or L&D (form is housed in patient file)
- emailing completed application materials in two files
- completing this checklist and including with each application

Observation Coordinator: Email:

Department:

If you need further information please call the Observation Information Line: 216-286-8291