Observer / Shadower

UAB International Medical Education (UAB IME) is very happy to assist in welcoming Observers to our premier facilities. While we are proud of our physical facilities and cutting-edge technology, our employees are the ones who really make the difference. Health care is about people. It’s about providing quality care and improving each day in the way we deliver this care.

The UAB IME office’s mission is to grow international collaborations and to promote the global exchange of knowledge to create and sustain relationships with physicians and scientists across the globe. UAB IME serves that purpose by developing and coordinating educational medical programs for UAB students as well as for international medical scholars and students.

UAB Hospital is a major center for clinical research and the home of some of the top medical programs in the US. This 1,157-bed facility makes UAB a regional facility for a myriad of diseases, disorders and trauma. Patients are provided with a complete range of primary and specialty care services and the most up-to-date treatments and innovations in health care by outstanding faculty physicians from the UAB School of Medicine.

UAB IME and UAB School of Medicine receive requests from various types of individuals who wish to visit a department as an Observer or shadow a UAB Clinical faculty member. Observers can be a physician, clinician, researcher, technician, or student who wishes to observe the services and/or operations of a UAB Medical Entity. These activities are encouraged and strengthen the teaching mission and the spirit of collaboration of the UAB School of Medicine.

Observers will be part of a clinical team, under the supervision of a faculty mentor/sponsor, to observe in the clinical setting the care and treatment of specific diseases and conditions.

**OBSERVING/SHADOWING DOES NOT INCLUDE ANY DIRECT PATIENT CARE, NO PRIVILEGES, AND NO PROVIDING OF CONSULTATION/ADVICE RELATED TO PATIENT CARE.**

We embrace the University of Alabama at Birmingham's commitment to creating an inclusive environment that values differing perspectives, people and experiences. This diversity is essential to fulfilling the enduring mission of our medical school. Your time with us will be mutually enriching.

Majd Zayzafoon MD, PhD, MBA  
Assistant Provost, UAB International Education  
Assistant Dean, UAB International Medical Education
OBSERVERSHIP APPLICATION and REQUIRED DOCUMENTATION

Applicant Name: ____________________________________________

Address: __________________________________________________

Street Address and/or P.O. Box, City, Country, and Postal Code

Date of Birth: ____________ City/Country of Birth: ____________ Nationality: ____________

MM/DD/YYYY

Gender: □ Female □ Male Email Address: ____________________________

Observer Emergency Contact Information: __________________________ Email Address: __________________________

(First and Last Name)

Name of your University/Medical School: __________________________

Date of Graduation/Expected Graduation: __________________________

Clinical Experience after Graduation:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

USMLE Step 1 □ Yes □ No _____ Score_______ (if applicable)

USMLE Step 2 □ Yes □ No _____ Score_______ (if applicable)

Preferred Start Date of Observership at UAB: ____________ End Date: ____________

MM/DD/YYYY MM/DD/YYYY

Preferred Specialty for Observation: __________________________

APPLICANT PASSPORT/VISA INFORMATION

1. Please attach a copy of the biographical, picture/information of your passport with this application.

2. Please print details exactly as they appear on the Passport.

Passport Number: _____________________________________________ Issuing Country: _____________________________

Place of Issue (City/Country): ____________ Date of Issue: ____________ Date of Expiry: ____________

MM/DD/YYYY MM/DD/YYYY

If you have already been invited to UAB by a UAB Faculty Host please supply the following:

UAB Sponsor / Host Name and Title: _______________________________

UAB Personnel processing Observership: __________________________

Name and Email Address

Revised: January 15, 2019 – Observership Processing Packet – Observer forms
Observer must comply with all US immigration laws and UAB International physician, graduate, scholar or visitor policies and guidelines, as prescribed by UAB Enterprise Code of Conduct and International Student and Scholar Services.

https://www.uab.edu/policies/content/Pages/UAB-AD-POL-0000691.aspx, https://www.uab.edu/global/international-students-and-scholars/scholars/j-1-exchange-visitors

**REQUIRED DOCUMENTATION CHECKLIST**

*Please attach the following documentation with your application. Incomplete application could delay processing.

**Demographic Information**

*From Applicant*

- Valid Passport copy – (Provide Biographical page of passport)
- Visa copy, if applicable
- Proof of Health Insurance (Provide detailed coverage)

**Educational Background**

- Recent Curriculum Vitae (CV)
- Personal Statement
- Medical School Diploma or Certificate of highest degree achieved - (English translation)
- Letter from your UAB sponsor describing your training, duration, responsibility/expectations and location of training (If already initiated by a UAB Faculty Host)
- USMLE Step 1, Step 2, and Step 2CS (with scores at or above 230 if a medical graduate)

For more information and application submission, please contact: **UAB International Medical Education** at internationalmd@uab.edu

Name of Observer: ___________________________ Signature: ___________________________ Date: __________

**INTERNAL USE ONLY - REQUIRED APPROVALS:**

Name of Host Faculty: ___________________________ Signature: ___________________________ Date: __________

Name of Division Director: ___________________________ Signature: ___________________________ Date: __________

Name of Residency Director: ___________________________ Signature: ___________________________ Date: __________

Name of Department Chair: ___________________________ Signature: ___________________________ Date: __________

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