

AAPI AND OBSERVERSHIP AGREEMENT

This agreement dated Month _____ Day _____ Year is between AAPI and OBSERVERSHIP STUDENT. Observership Student has fully read AAPI Bylaws [Website] including its AAPI CODE OF CONDUCT and AAPI OBSERVERSHIP GUIDELINES materials. The AAPI-Observership program opportunity for individuals who are interested in a career in healthcare to shadow a medical staff or workforce member (sponsor) and learn more about the field. This valuable tool will give you a better understanding of what a clinician's typical day is like and if medicine is a good fit for you. Observerships are for educational purposes only. AAPI shall arrange Applicant's sponsor, complete the registration form, provide proof of influenza immunization, and adhere to hospital policies [if hospital clinical observership is involved with sponsor] regarding confidentiality, professional conduct, and safety and endorse AAPI Code of Conduct.

AAPI program consists of Structured and supervised Clinical rotations administered by U.S licensed physicians and institutions. During the Clinical experience, physician sponsors may employ licensed Nurse Practitioners, Physician Assistants, or other licensed professionals who participate in licensed care of their patients. Visitors may be assigned to these professionals for a partial duration of their rotation, while still remaining under the direct supervision of a U.S physician. Observership understands that once your completed application is received, the AAPI will review your submission. AAPI shall either approve or decline your request for an observership. You will receive their decision in an email along with other instructions.

An observership shall be strictly an observational tutorial program. Accordingly, each Participant shall only be permitted to observe the activities and to discuss his/her observations with applicable designated mentor. A Participant shall not have access to hands-on patient care or contact, examination, research or other work during his/her observership. A Participant shall at all times be treated by the entity as a visitor and any Department or physician that allows a Participant to do more than observe may be denied the privilege of having observership Participants in the future.

Observers shall at all times be under the direct supervision of their sponsor or a designee appointed by them. Observers shall have no physical contact with patients. An observership does not qualify as medical training or volunteering. Academic credit will not be granted. If the Observer is under the age of 18 years must provide a signed parental consent form. .

Observers understand that Enrolling into the Observership Program with AAPI does not guarantee a residency program in Usa and AAPI makes no representation or grantees of any such program for the enrollee.

AAPI will arrange clinical observer ship for Foreign medical Graduates OR STUDENTS through its members who are willing to act as mentors. Mentors [AAPI MEMEBERS] will be compensated for their work. [\$1000 per month] .A Foreign Medical Graduate who is looking for a clinical observer ship will contact AAPI for this opportunity. The Student will sign a contract with AAPI. The Organization will be compensated to the amount of \$2000 or more per month in order to arrange for this observer ship. All Observers shall make their own arrangements for accommodation and flight etc.

As an observer of clinical care you are expected to behave in a responsible manner. The following are general expectations of behavior. The primary purpose for these guidelines is to protect the hospital community and ensure that you have a rewarding experience as an observer. Please carefully read and sign this form asserting that you will follow these standards while engaged in clinical observation. If you fail to adhere to these expectations of behavior, your observership may be terminated at the discretion of your sponsoring clinician/designee.

1. You have the responsibility to act professionally and to maintain the confidentiality of any and all patient information including protected health information.
2. You have the responsibility to be groomed and dressed appropriately. Attire shall be clean, moderate in style, and appropriate for the work area.
3. You must wear a Visitor's ID wrist band at all times.
4. You shall have no physical contact with patients.
5. Photography and video recording of any kind are not allowed in this program unless permitted by the sponsor supervisor.
6. Smoking is not permitted at any time.
7. Possession of weapons, fireworks, or illegal drugs is not permitted at any time. If such items are found, the matter will be reported to local law enforcement.

8. Any other behavior, which is not outlined specifically above yet compromises the integrity and high standard of excellence of in AAPI will not be tolerated.

9. AAPI shall provide a letter to the Consulate for Visa Purpose and the Observer shall make all the arrangements for visa and bear all the fees and costs therein.

10. OBERSERVER agrees to provide 3 letters of recommendation one of which shall be from the Dean of the Medical School and the other two from persons familiar with the Observers Character and Qualifications.

I attest that everything in this application is true and I agree to comply with the above expectations of behavior.

Date _____

OBSERVERSHIP STUDENT

SIGN

NAME

ADDRESS

CONTACT NUMBERS

Observer of Clinical Care Application

* First name

Middle name

* Last Name

* DOB

* Home Address

* Home phone

Mobile

* E-mail

* City

State (as combo)

* Zip/postal

School/Institution

Current Grade

* Emergency Contact

* Home phone

* Relationship

Sponsoring Clinician Information

* Sponsor's Name (First and Last Name)

* Sponsor's e-mail address

* Start Date Of Observation

* End Date of Observation

NAME OF MEDICAL SCHOOL[attach Transcript]

Medical School Class Ranking

Parents Name and Address

Parents Occupation

Recommendation Letters From Dean

Recommendation Letters Additional x 2