	Observation Students 16 Hours Or Less Requirements	
	Per Agreement and/or Policies	
	Required documentation:	
1	Signed letter of Agreement between School and Novant Health and current Certificate of Insurance verify on file	☐
2	Faculty/Student/ School information sheet	☐
3	Signed confidentiality agreement (Non-Employed Worker packet)	☐
4	Signed orientation/compliance roster (Non-Employed Worker packet)	☐
5	Signed Tobacco Free Form (Non-Employed Worker packet)	☐
6	Signed Observation Experience Agreement	☐
7	Flu Vaccine (October – March) Date:	
	Students,	
	Please submit this check list as well as the above documents to your school professor/advisor to submit to the hospital designee.	
	***NOTE: All of the required documentation must be submitted in one packet sent directly from the school. We are unable to process information sent by individual students.**	

Type in information and save to your computer.
Then submit electronically to Instructor/Advisor

Student/School/Faculty Information Sheet

Student Information:

Date:	
Name (enter first, middle & last):	
Address:	
Telephone #	Email
Date of Birth:	
Last 4 SSN/ID	Nursing License # if applicable:
Liability Insurance Carrier: If provided by school leave blank	
Have you ever been employed by Novant Health?	Yes ☐ No ☐

Educational Facility:

Educational Facility:	
Educational Program:	Graduation Date:
Supervising Faculty:	
Faculty Email Address:	
Rotation Service/Course Name:	
Rotation Dates:	Start Date End Date
Total number of Hours	

Rotation Facilities:

Select the primary Novant Health facility where you most likely will be rotating:	
Hemby Children's Hospital	
Select the secondary Novant Health facility where you may be rotating:	
Hemby Children's Hospital	
If NHMG specify practice:	
Dimensions training completed (check all that apply): ◯Amb ◯Acute IP ◯OB/GYN ◯ED ◯Surgery ◯View Only ◯none	◯Rotation in Practice only ◯Rotation in Acute Care Facility only ◯Rotation in Practice and Acute Care

Supervising Physician/Preceptor:

Preceptor's Name:	
Preceptor's email address:	
Preceptor's Telephone #:	
Supervising Physician/ Preceptor's Office Address:	

NOVANT HEALTH
OBSERVATION EXPERIENCE AGREEMENT

Novant Health (Novant) allows certain individuals ("Observers") to participate in observation experiences in Novant facilities in an effort to assist the Observer in achieving educational objectives and/or to promote interest in health careers. In order to protect the safety and welfare of the patients and employees, as well as myself, I agree as follows:

- I will treat patients, visitors, employees and physicians with respect. Patients have the right to refuse to allow me to observe their care and I will honor that.
- I will cooperate with Novant staff in arranging the dates, times and length of my observation experience.
- I will not touch any patient or equipment. I will not counsel or give a directive to any patient. I will not perform, or help perform, any patient care activity.
- I will follow the *Confidentiality Agreement* and hold all information I learn about patients in strict confidence.
- I will follow the direction of my preceptor and remain with her/him at all times.
- I will work with my preceptor and others to make sure that my observation experience is successful.
- I will observe proper hand hygiene and other infection control measures.
- I will follow the Infectious Disease policies attached to the *Health Evaluation*. If I have a fever, cough, or think I may be ill, I will call the department where I am scheduled to observe and cancel my observation experience.
- I will follow the *Student Dress Code* and will wear an Identification Badge prominently at all times during my observation experience.
- I will be on time. I will remember to bring money for lunch and parking fees.
- In the event I am involved in an accident on Novant property and need it, Novant will provide access to first aid or emergency care. If I am seen in the Emergency Department, I will be charged normal Emergency Department fees.
- I am responsible for my own actions while I am participating in the observation experience, including any negligent or intentional acts that may result in a claim against a Novant employee or facility.

Observer Signature	Date	Parent/Guardian Signature (if Observer is a minor)	Date
Observer Printed Name		Parent/Guardian Printed Name	