



UNIVERSITY OF PITTSBURGH MEDICAL CENTER
Department of Otolaryngology

VISITING CLINICAL OBSERVER PROGRAM APPLICATION FORM

DATES REQUESTED (maximum 3 months): From Month / Day / Year To Month / Day / Year

If you are interested in a research extension (maximum 6 months): From Month/Day/Year To Month/Day/Year

I WOULD LIKE TO OBSERVE:

Please place a check mark beside the subspecialty area you are requesting to observe:

- Balance/Vestibular
Facial Plastics/Facial Nerve
Head & Neck Oncologic Surgery & Reconstructive Surgery
Laryngology
Otology/Neurotology
Pediatrics ENT
Skull Base Surgery & Rhinology
Sleep Surgery

Please put the name of the physician you'd wish to observe in the space below (if applicable):

To learn more information about these centers, please go to:
https://www.otolaryngology.pitt.edu/patient-care

PERSONAL INFORMATION:

Gender: Male Female Degree(s):

First/Given Name: Family Name/Surname/Last Name:

Date of Birth (Month/Day/Year): Place of Birth:

Medical School: Residency Training Institution:

Current Appointment/Employer:

Name of University/Hospital:

Department/Specialty:

Position/Title:

If you are a resident, please list the year of training you will be in at the time of your visit and the total number of years of your training program (e.g., Year 3 of 5)

Business Address:

City: State/Province:

Country: Postal Code:

E-Mail Address:

Mobile Phone Number (include country code/city code):

Supervisor's name: Supervisor's Email Address:

Goals and Objectives of Observership:

Program Fee (Non-Refundable) = \$1,000.00 (only processed if application is accepted)

The following methods of payment are accepted:

_____ Credit Card (Visa / Master Card / American Express / Discover)

Number: _____ Security Code: _____

Exp. Date: ____/____ Billing Zipcode: _____

Name as it Appears on Card: _____

Signature of Cardholder: _____

_____ Check (Personal or Employer drawn in US funds and made payable to University of Pittsburgh Physicians)

There is a \$25.00 returned check fee.

By my signature below, I hereby certify that:

- I am able to speak and understand the English language so interpreters are not necessary.
- I will be responsible for all of my travel and living expenses during my visit.
(Neither the Department of Otolaryngology or the University of Pittsburgh Medical Center will provide any compensation, salary or support for you or your dependents during your stay.)

Signature

For more information about:

The University of Pittsburgh Medical Center, visit: <http://www.upmc.com>;

Pittsburgh, visit: <http://www.visitpittsburgh.com/>

International Visiting Scholars Coordinator: Janice Schneider

Coordinator's contact Information : schneiderjl2@upmc.edu