CHILDREN'S HOSPITAL LOS ANGELES
CENTER FOR GLOBAL HEALTH
4650 Sunset Blvd., Mail Stop # 172
Los Angeles, CA 90027
globalhealth@chla.usc.edu

International Observership Program Application Form

Today's Date (MM/DD/YYYY): _____

Have you previously participated in this program? ☐ Yes ☐ No Date & Division (if yes): _____

Are you: ☐ Faculty ☐ Fellow ☐ Resident ☐ Nurse ☐ Psychologist ☐ Other:_____

PERSONAL INFORMATION

Last (Family) Name: _____ Middle Initial: _____ First (Given) Name: _____

Gender: ☐ Female ☐ Male Date of Birth (MM/DD/YYYY): _____ Cell Phone: _____

National (Social Security, Identification, Identity, or Insurance) Number: _____

Home Address: _____ City: _____ Country: _____

Citizenship: _____ English Fluency: ☐ Beginning ☐ Intermediate ☐ Advanced/Bilingual

Email: _____ ☐ Check here to opt out of receiving monthly emails about CHLA

EDUCATIONAL AND PROFESSIONAL INFORMATION

Undergraduate Institution: _____ Country: _____

Degree: _____ Dates Attended: _____

Graduate/Medical School: _____ Country: _____

Degree: _____ Dates Attended: _____

Years of clinical experience: ☐ 0–3 ☐ 4–6 ☐ 7+ Are you currently practicing medicine in your home country? ☐ Yes ☐ No

Current Institution: _____ Position & Department: _____

Duties/Responsibilities: _____

Street Address: _____ City: _____ Country: _____ Work Phone:_____

Supervisor's Name & Title: _____ Supervisor's Email & Phone: _____

OBSERVERSHIP OBJECTIVES

Desired Start Date* (MM/DD/YYYY): _____ Desired End Date: _____ Desired Division(s): _____
***Please select a start date for you observership from the current academic calendar on the website.**

List 3 specific learning goals for the Division(s) you are requesting to observer.

Please submit your completed application to globalhealth@chla.usc.edu.
All documents must be submitted in English.