



Department of Pediatrics

Clinical Observer Application Form

****Clinical Observership is available to faculty and fellows from other academic institutions. ****
To be eligible, the faculty or fellows must be currently affiliated with an academic institution, and plan to apply the knowledge and skills acquired during the observership to benefit their home institutions upon their return.

A. Applicant Information

Last Name First Name Middle Name

Gender Female Male Date of Birth

Country of Citizenship

Mailing Address

Phone Number Email

Academic Affiliation

Name of Home Institution

Position at Home Institution

Sponsor at Home Institution*

* Chairman or Division Chief

Emergency Contact

Name Relationship

Phone Number Email

Proof of English Proficiency

TOEFL Yes No If yes, attach score report.

Please note we require a video or phone interview.

If you have a Skype account, please enter username here:

If you do not have a Skype account, we will contact you to make alternative arrangements for an interview.

B. Clinical Observership

*It is the applicant's responsibility to identify and obtain sponsorship from a faculty member within our department.

Cornell Faculty Sponsor

Division

Phone Number Email

B. Clinical Observership Continued...

Proposed Dates (provide up to 3 choices)

Begin End

Begin End

Begin End

Objectives and/or Goals of Visit

Must have a minimum of 3.

1. _____
2. _____
3. _____
4. _____
5. _____

Proposed Educational Activities (i.e.; outpatient clinical three half days per week, sleep lab 1-2 times per week)

Describe how you plan to apply the knowledge and skills acquired during the observership to your academic career and benefit your home institution.

C. Additional Materials

- A. Letter of support from home institution (from Chair or Dean)
- B. Proof of English proficiency (TOEFL score report, etc.)

Please return completed form to Maria Yioupis

or fax to (212) 746-8663