

# Swedish

<http://www.swedish.org/for-health-professionals/graduate-medical-education/information-for-students-and-observers>

## Information for Students and Observers

### OBSERVERS

Swedish Medical Center offers Observership for up to 40 hours in one month, once per academic year (July 1 – June 30).

#### Steps:

1. Find a provider working at Swedish and contact their office directly to arrange placement.
  - a. Once a provider is confirmed for your requested dates, apply 4 weeks in advance by visiting: <http://ehealth.swedish.org/gme>  
See page 2 to see what the form looks like
  
2. Get your documentation regarding immunizations, insurance and completed background check ready as they will take time
  - i. All applicants must provide a copy of their PPD results, which includes written documentation of the skin test reaction size.
    1. *Applicants with positive PPD results must submit any available supporting documentation, such as a positive TB skin test reading and chest x-ray results. In addition, they must complete and submit the TB symptom survey included in the packet within thirty days prior to their observation date.*
  - ii. Applicants must provide proof of immunization by providing copies of your immunization history
- b. Full details of all required materials will be sent to you once your application is submitted.

## QUESTIONS?

Please call the Swedish Health Services Graduate Medical Education Administration office at 206-320-5301

*check with Rugvi*

*Policies – which category do Indian physicians fall in*

*Observer policy for us pre-med and physicians*

*or*

*Observer policy for international invited guests*

## Physician Observer Application

**\*\*\*The first step is to determine the dates and times that you will observe with the preceptor that you are observing. Please contact your preceptor prior to filling out this application\*\*\***

**Please allow at least 1 month of lead time to process your observership application. If your rotation dates are within 1 month, you will be asked to resubmit your application. If you are living outside of the U.S., please [apply here](#).**

First Name <input type="text"/>	Last Name <input type="text"/>	Middle Initial ("X" if None) <input type="text"/>	Preferred First Name <input type="text"/>
Observation Start Date mm/dd/yyyy <input type="text"/>	Observation End Date mm/dd/yyyy <input type="text"/>	Department to be observed <input type="text"/>	Credentials <input type="text"/>
Campus <input type="text" value="Choose Campus"/>	Preceptor (Supervising Physician) <input type="text"/>	Current Employer <input type="text"/>	
Date of Birth mm/dd/yyyy <input type="text"/>	Last 4 # of SSN <input type="text"/>	Phone/Cell <input type="text"/>	Email Address <input type="text"/>
Mailing Address <input type="text"/>			

By filling in your initials, you acknowledge that you have read and reviewed the [Observer Policy for US Physicians](#) and will adhere to its provisions at all times during your observership.

By filling in your initials, you acknowledge that you have read and reviewed the [OR Visitor Policy](#) and will adhere to its provisions at all times during your observership.

I attest that all of this information is correct, and that I have read the Physician Observer Policy and the OR Visitor Policy, and I understand the intent of these documents with regard to the limits set on observation