



CHLA 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/Physician Fellow Residents Intern 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: _____

Country of Citizenship: _____ English Fluency: Beginning Intermediate Advanced/Bilingual

Home Address: _____ City: _____ Country: _____

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: _____ Timeframe flexible: Yes No

Desired Division(s): _____

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

- 1.
2.
3.

Please submit your complete application to internationalobservership@chla.usc.edu. All documents submitted must be in English and PDF format.