IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Thielen Student Health Center
Ames, Iowa 50011-2260
515 294-5802
FAX 515 294-1190

Clinical Student Observer Application

Name:____

Address:____________________________________ Email:___________________________

Phone number:________________________________

If under age 18, provide parent/guardian contact information:

Parent/Guardian name:____

Parent/Guardian cell phone number:____

School or college/university you attend:________________________ Grade/Year: ____________

Teacher/faculty advisor:_____________________________ Email:___________________________

List the date(s)/time(s) you are available: ____

If you have a department you would like to observe, please check the box(s) below.

- ☐ Main Clinic (primary care)
- ☐ Physical Therapy
- ☐ Lab
- ☐ Radiology
- ☐ Pharmacy

Briefly describe your goals for the clinical observation experience:

____

____

Briefly describe your career goals:

____

____

I agree and understand the following:

1. Clinical Observation may not be available in the clinic departments I request.
2. Staff may not be available on the dates I select. If alternative dates are available TSHC will communicate that to me.
3. This is a service TSHC provides to students, however TSHC is under no obligation to provide these opportunities.
4. This is an observation only opportunity, I will not provide any direct patient care.
5. I will follow any and all rules, policies and/or procedures as TSHC directs. If I do not, I will be removed from the clinic.
6. The decisions of TSHC regarding this application are final.

Student's Printed Name		Today's Date (MM/DD/YYYY)
Signature of Student (or Legal Representative, if applicable)		If applicable, Legal Representative's Printed Name and Relation to Student (e.g., Mother, Father, Guardian, etc.)

Completed forms should be emailed to shannon3@iastate.edu.