



Houston Methodist Hospital Clinical Observership Form

Office of International Students & Scholars

Revised January 15, 2016

The Methodist Hospital Observership allows Rice University students the opportunity to shadow healthcare professionals for educational purposes. Observers *may* shadow examinations, clinical procedures and patient communications in accordance with Methodist policies but *may not* actively participate in any of these activities or render any services.

The Observership is contingent upon the following:

- Registration in NSCI 399
- Adherence to all applicable institutional policies, including safety requirements;
- Consistent demonstration of satisfactory performance and behavior as defined by Rice University Department of Health Professions and Houston Methodist Hospital;
- Ability to obtain and maintain valid and appropriate visa status.

Observers are not allowed to render services at Houston Methodist Hospital without prior immigration authorization. For more information on procedures for requesting off-campus employment/practical training authorization, whether paid or unpaid, please visit the OISS website at <http://oiss.rice.edu/studentwork>.

Please complete the first section of the Houston Methodist Hospital Form, have the Course Instructor fill out the section, and return it to the OISS for final approval.

To be completed by Student/Observer

Name: _____ Visa Type: _____

Statement of Understanding (please initial next to each statement):

- _____ 1) I understand that my current visa status does not permit employment at Houston Methodist Hospital.
- _____ 2) I understand that I may not render services, as that would constitute employment for which I am not authorized. If I render services, without authorization, I will lose my immigration status and will have to return home immediately.
- _____ 3) I understand that as an Observer, I may only engage in activities that serve as learning opportunities, acculturation, and familiarizing myself with the American medical practices.
- _____ 4) I understand that my visa status is my responsibility, and I may consult with the Office of International Students & Scholars (OISS) regarding any questions I may have about my visa status and my ability to engage in different opportunities on and off campus.
- _____ 5) I understand that this observership will be reviewed as important immigration information for any future applications for immigration benefits that I may seek.
- _____ 6) (For H-1B visa holders) I understand that I must obtain written permission from my H-1B sponsoring employer allowing me to engage in learning activities at Rice University.

My signature below confirms that I understand and agree with the terms above.

_____ Student Signature _____ Date

To be completed by Course Instructor

- I verify that the above student is registered for NSCI 399 and will participate in physician shadowing at Methodist Hospital. I understand that if the nature of their experience at Methodist changes, the student will need to come and see OISS immediately.

Semester student will take course: ___ Fall ___ Spring ___ Summer Academic Year 20 _____

_____ Printed Name Title Signature Date

To be completed by OISS

- I verify that based on the information provided, the above student is eligible for an Observership at Houston Methodist Hospital.

_____ Printed Name Title Signature Date