



NORTH BROWARD HOSPITAL DISTRICT
d/b/a BROWARD HEALTH

STUDENT OBSERVERSHIP CHECKLIST

This form must be completed in its entirety and returned to the Medical Staff Office(s) where you have requested to observe. Observerships may not commence until you have been approved and notified by the Medical Staff Office(s).

First Name	
Middle Name	
Last Name	
Phone Number	
Email Address	
Date of Birth	
Social Security Number	
License Number (if applicable)	
Type of License (if applicable)	
School Name	
School Address, City, State, Zip	
Physician Observing	
Physician Specialty	
Dates of Observership	
Comments	

Along with this form, you must also provide the following. Visit <https://doctor.browardhealth.org> for details.

- Copy of your U.S. government-issued photo ID (driver's license, passport, etc.)
- Observer Acknowledgement Form – Student
- Observer Acknowledgement Form – Physicians
- Confidentiality and Security Agreement
- Certificates of Completion of all online orientation modules as listed on website. Requirements may change from time to time. The most current requirements are listed in the website.

Please refer to the website for contact information if you have questions or need assistance.