

OBSERVER APPLICATION FORM

1. APPLICATION

Applicant _____
Name Degree(s)
from _____
State/Country University/Hospital
requests to observe under the supervision of Hurtado Ceña FJ for the period _____ to _____
YY-MM-DD YY-MM-DD

Contact Information in Madrid: _____
Address Phone

In making this application to Clínica Rementería, I agree to abide by its By-laws and policies as it may from time to time enact. As well, I understand I must provide my immunization records as a condition of my acceptance.

Signature YY-MM-DD

2. APPROVALS

Medical Director _____
signature YY-MM-DD

Rationale if term exceeds 2 weeks _____

MAC notification (term ≤2 weeks) approval (term 3-12 weeks) _____
YY-MM-DD

Immunization Form	Confidentiality Agreement	Passport photocopy	Curriculum Vitae
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>