



# MedStar Georgetown University Hospital

Please email your completed application to: [international@gunet.georgetown.edu](mailto:international@gunet.georgetown.edu)

## International Observership Program Application

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Medical License Number: \_\_\_\_\_

Country Where Licensed: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Host Physician (if you have one): : \_\_\_\_\_

Preferred Host Department: \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

Home Institution: \_\_\_\_\_

I confirm that my home institution approves my participation in the Observership.

Home Institution Supervisor Name: \_\_\_\_\_

Home Institution Supervisor Signature: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Plan for Housing During Observership (please include address, if available): \_\_\_\_\_

\_\_\_\_\_

Source of Funding for Observership (Please be specific, e.g. hospital, personal): \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_