



Clinical Observer Application Form

Please return form to:

**Lenore Fiorino lfiorin@sentara.com 757-962-6815
5792 Arrowhead Dr. Virginia Beach, VA 23462**

Name: _____

Address: _____

Soc. Sec. Number (last 4): _____

Date of Birth: _____

Phone Number: _____

Emergency Contact Name: _____ **Phone Number** _____

PPD received: Yes or No

Reason for request :

Signature of Observer / Parent: _____

Reviewed by _____ **Date** _____

Approved Yes / No

If No, list reason

If applicant is approved they must sign a Sentara Confidentiality Statement prior to the beginning of their shift. This must be filed with the Administration Supervisor.