

UCLA International Nursing Observership Application Instructions

OVERVIEW

The UCLA International Nursing Observership Program is an informal observership experience that enables participants to observe UCLA Health nurses in various units during patient rounds, bedside care, and clinical settings. Federal regulations prevent observers from having patient care responsibilities or involvement in any form of volunteer research. Please note as an observer, you are not eligible to have an ucla.edu email address and cannot have access to our electronic patient record keeping system. All health professionals participating in the UCLA International Nursing Observership Program are required to comply with the policies outlined in the Policy Agreement on page 6.

ELIGIBILITY

- Hold valid nursing license
- Proficient in English
- B1 (business) or visa waiver

PROGRAM FEES

Please note there is a nonrefundable \$500 application fee. There is a \$300/day training fee; payment will need to be received prior to start of observership. Observers will be responsible for their own travel, accommodation, and living expenses.

TIMEFRAME

The observership lasts a maximum of two weeks. We are unable to accept requests for observerships longer than two weeks.

PROCESS

- Review the eligibility requirements.
- Review the nursing observership schedule.
- Submit your completed application to IntlEdu@mednet.ucla.edu. Please allow at least 30 days for review and approval of your application.
- Once you have been accepted, the International Education Program will send you an Invitation Letter and provide you with First Day Instructions for your Observership.

OBSERVERSHIP SCHEDULE

Please see below for the specialties’ observership schedule. Please note the below months are the only times each specialty is able to host an observer; requests for exceptions cannot be accepted.

JANUARY - Transplant/Surgical	JULY - Transplant/Surgical
FEBRUARY - Cardiology	AUGUST - Cardiology
MARCH - Hematology/Oncology	SEPTEMBER - Hematology/Oncology
APRIL - Emergency Department	OCTOBER - Emergency Department
MAY - Pediatrics/Neonatology	NOVEMBER - Pediatrics/Neonatology
JUNE - Neurology	DECEMBER - Neurology

ON YOUR FIRST DAY

- Visit the UCLA International Office for additional paperwork and show proof of your B-1 visa (or visa waiver, if applicable).
- If you have not paid the \$500 processing fee and observership training fee, visit the Cashier’s Office for payment.
- Visit the Security Office to obtain your UCLA ID badge.

For additional questions regarding the program, requirements, or application process, please contact the International Education Program at IntlEdu@mednet.ucla.edu.

Observers must submit a COMPLETE application packet, including requested attachments, at least ONE MONTH prior to the observership start date to the International Office. Please ensure that you have completed each item from the Application Checklist on page 3.

UCLA International Nursing Observership Application Checklist

Please fill out all the forms included in this packet and return them with all the documents outlined in the checklist below to IntlEdu@mednet.ucla.edu.

Name of Observer: _____

Please use the checklist below to track the requirements you have completed.

- Program Application** (Page 4)
- Letter of Intent** (Page 5)
- Signed Program Policy Agreement** (Page 6)
- Signed Financial Agreement** (Page 7)
- Health Screening with Documentation of Immunization Records**

Please either have your primary care physician complete the Health Screening Worksheet (pages 8 & 9) OR provide scanned documentation of your immunization records.

- Proof of TWO Varicella vaccinations, or titer test showing positive immunity
- Proof of TWO MMR (Mumps, Measles, Rubella) vaccinations, or titer test showing positive immunity
- Proof of Tuberculosis screening (See Health Screening Worksheet for TB screening instructions)
- Proof of THREE Hepatitis B vaccinations, or titer showing positive immunity
- Proof of TDAP (Tetanus, Diphtheria, Pertussis) vaccination within the past 10 years
- Copy of Passport**
- U.S. Visa (B-1 or visa waiver)** *Applicants must ensure visa is valid for the entire observership period.*
- Curriculum Vitae**
- Copy of Valid Nursing License, and English translation, if not issued in English**
- Completion of Online Trainings**

Please complete the online trainings below by clicking on the links. Once each training is completed, you will be prompted to create a certificate with your name. Please save each certificate and provide a pdf of each with your Application Packet.

- [HIPAA Privacy and Information Security Training](#)
 - [Safe Patient Handling Training](#)
 - Please read through our [CICARE](#) policy
- Proof of Source of Funding** *Letter from organization sponsoring observer*
- Proof of Health Insurance Coverage for Duration of Observational Period**

Health insurance may be purchased from: <http://www.hccmis.com/travel/> or gbq.com. Please note UCLA Health is not affiliated with the aforementioned insurance agencies.

UCLA International Nursing Observership Program Application

Name of Observer: _____ Gender: _____

Nursing License Number: _____ Country Where Licensed: _____

Email Address: _____ Birthdate: _____

Phone number: _____

Specialty/Department You Wish to Observe (please choose one specialty from observership schedule):

Home Institution: _____

I confirm that my home institution has approved my observership, and this observership is in accordance with my home institution's external rotation and observership policies.

Home Institution Supervisor Name: _____

Home Institution Supervisor Signature: _____ Date: _____

Emergency Contact: _____

Emergency Email: _____ Emergency Phone #: _____

Plan for Housing During Observership (please indicate U.S. address, if available):

Source of Funding for Observership (please be as specific as possible, e.g. hospital, personal):

Observer Signature: _____ Date: _____

UCLA International Nursing Observership Program Letter of Intent

Please use the space below or attach a separate letter describing the reason you are applying for the UCLA International Nursing Observership and the learning objectives you hope to accomplish during your observership period at UCLA.

UCLA International Nursing Observership Program Policy Agreement

Please note you will need to comply with the following guidelines regarding the observership and activities while at UCLA. Please read each statement and initial next to each statement to acknowledge understanding and agreement. Please print, sign, and date on the bottom.

- The Observer will not perform or be involved in any patient care or research.
- The Observer will be strictly observing and must be accompanied by a clinical nurse specialist, registered nurse, unit director, or healthcare staff at all times when patient observation occurs.
- Host specialty is responsible for the observership and in ensuring that the Observer complies with program and department rules.
- The Observer will be required to hold as absolutely confidential all information that they may obtain directly or indirectly concerning patients, families, physicians, or personnel. The Observer agrees to not seek confidential information in regard to a patient.
- The Observer will not have direct access to the CareConnect (electronic medical records) system or any patient records.
- The Observer agrees they are participating in an unpaid observership position and not paid employment. The Observer agrees that neither this application nor the acceptance or performance of an Observer position constitutes an employment relationship or a contract of employment, nor does it constitute a guarantee or promise of future employment.
- The Observer will not receive academic credit or education certificate for completion of the Observership Program.
- The Observer will not receive any recommendation letters from UCLA Health.
- Participation in the observership program does not have any bearing on pending or future education program applications.
- The Observer will provide required documentation to the UCLA International Office prior to the start of the observership. All documentation provided by the Observer in the application process is true and without omissions. UCLA has the authorization to investigate and/ or verify any information relevant to the suitability of the Observer. Any person giving misleading or false information will be subject to immediate termination.
- The Observer is required to complete all online certifications (HIPAA, CICARE, Safe Patient Handling, Radiation Hazard Awareness) prior to the start of their observership.
- All Observers must be proficient in English.
- The Observer must be approved by the Sponsoring Faculty, Sponsoring Department Chair, and the UCLA International Office prior to the start of the observership.

I have read and I agree to comply with the policies outlined above.

Observer Name

Observer Signature

Date

UCLA International Nursing Observership Financial Agreement

Please read each statement and initial next to each statement to acknowledge understanding and agreement. Please print, sign, and date on the bottom.

_____ I understand I will need to pay the nonrefundable \$500 application processing fee. I understand there is a training fee of \$300/day. I will be required to pay all fees prior to my observership start date.

_____ If accepted into the observership program, I understand I am required to purchase health insurance. The health insurance will need to provide coverage during my entire observership period. Should I be using private insurance, I understand that I am ultimately responsible for all charges, including any patient responsibility (copays or deductibles) as well as charges resulting from any services that may not be covered by my insurance. Health insurance may be purchased from: <http://www.hccmis.com/travel/> or gbg.com. I understand UCLA Health is not affiliated with the aforementioned insurance agencies.

_____ If accepted into the observership program, I understand that I will be responsible for all my living expenses during my observership. If I am sponsored by an organization, I will provide proof of source of funding (i.e., my organization will provide a letter confirming sponsorship)

_____ As a visitor to the U.S. for the purpose of this observership, with the intention of returning to my home country, I understand that I am not eligible for any U.S. government health insurance or financial assistance programs. I will not apply for and/or use any local, state or federal funds, such as MediCal (Medicaid), CCS or plans through the Affordable Care Act (Covered California or “Obamacare”), for any medical care I receive in the U.S.

_____ Should I apply for or use any U.S. government health insurance or financial assistance programs, I will be subject to being reported to U.S. government officials.

I have read and I agree to comply with the policies outlined above.

_____ Name

_____ Signature

_____ Date

UCLA International Nursing Observership Pre- Boarding Health Screening Worksheet

**Please have your primary care physician complete the following worksheet
and sign the bottom of the page confirming your health clearance.**

Name of Observer: _____ Date: _____

Vaccines: Medical Documentation	Dates of Immunizations	Blood Titers: Must demonstrate Positive Immunity
<p>Measles, Mumps, Rubella (MMR) a) 2 MMR vaccines at least 28 days apart; OR b) blood titer indicating immunity</p>	<p>1) 2)</p>	<p>Measles Titer: _____ Ref Range: _____ Immune? Yes / No (circle one)</p> <p>Mumps Titer: _____ Ref Range: _____ Immune? Yes / No (circle one)</p> <p>Rubella Titer: _____ Ref Range: _____ Immune? Yes / No (circle one)</p>
<p>Varicella (Chicken Pox) a) 2 Varicella Vaccines at least 28 days apart; OR b) blood titer indicating immunity</p>	<p>1) 2)</p>	<p>Varicella Titer: _____ Ref Range: _____ Immune? Yes / No (circle one)</p>
<p>Hepatitis B (for your protection) a) Documented (with dates) 3 HepB vaccines at 0 month, 1 month, 6 months; if taken >1 year ago and titer showed negative, must receive all 3 vaccines and take titer 1-2 months after; OR b) if unable to document 3 vaccines, take a booster and get titer 1-2 months later; if results show protected, then protected for life – please document/enter notes; if results show negative, take remaining 2 vaccines and document all results and dates; negative, take boosters; if non-responder, take 2nd set of 3 vaccines; OR c) sign declination form to decline HepB protection</p>	<p>1) 2) 3)</p>	<p>Hep B Titer _____ (must be taken 1-2 mos after booster or 1-2 mos after 2nd set of 3 vaccines)</p> <p>Ref Range: _____ Protected? Yes / No (circle one)</p> <p>Notes/Comments:</p>

Vaccines: Medical Documentation	Dates of Immunizations	Blood Titers: Must demonstrate Positive Immunity
<p>Tetanus, Diphtheria, Pertussis (TDAP) a) one TDAP vaccine within last 10 years; OR b) sign declination form</p>	<p>1)</p>	<p>N/A</p>
<p>Tuberculin Screening - if you have history of NEGATIVE TB screening test, provide ONE of the following: a) Documentation of a QuantiFERON Gold blood test done within 3 months of the start of your observership; OR b) Documentation of a 2-step TB skin test: Step 1 must be completed within 12 months of the start of your observership; Step 2 must be completed within 3 months of the start of your observership; Both results must be NEGATIVE.</p>	<p>a) Date of negative QuantiFERON blood test _____</p> <p>b) Dates and results of 2-step PPD skin test: Step 1 Date: _____ Result (circle one) Negative Positive (within 12 months of the start of observership)</p> <p>Step 2 Date: _____ Result (circle one) Negative Positive (within 3 months of the start of observership)</p>	
<p>Tuberculin Screening - if you have history of POSITIVE TB screening test, provide ALL of the following: a) Documented proof of a positive PPD or QuantiFERON Gold blood test; and b) Medical documentation including referral for daily INH treatment for 9months (include dates) OR weekly rifapentine PLUS INH for 3 months; and c) Chest Xray report dated within 3 months of the start of your observership that documents no active TB</p>	<p>a) Date of positive PPD or QuantiFERON blood test _____</p> <p>b) Dates and type of treatment received (attach medical documentation): _____ _____</p> <p>c) Date of chest xray (attach xray report) _____</p>	

Physician's Statement: I confirm that the applicant named above is cleared to participate in the UCLA International Physician Observer Program.

Physician Name (Please Print): _____

Email: _____

Physician Signature: _____

Date: _____