

OBSERVERS TO STONY BROOK UNIVERSITY HOSPITAL

Phone: SSN: Phone: Phone: rk days or less)
SSN: Phone:
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rk days or less)
Fax:
Department:
er only observers other practitioners and is not involved in any clinical activity version of the SBUH medical staff and the hospital. It is understood, acknowled time period listed above, it shall consist of observing the activities of the department an indicated above. The following parties attest that they have read and agree to
Date:
Date:
Date:

Attachments: evidence of observer identity, department verified positive photo identification; primary source verification of respective degrees and/or training (if applicable), a health status assessment form including a current PPD (NOTE: health status assessment form not required for Brief Observer), any other requirements needed to comply with DOH 405 regulations or that fulfill the requirements of the Medical Staff at SBUH.