



Special Category “International Observer” in-take

Thank you for your interest in participating in the Special Category Program at Children's National Hospital, an Equal Opportunity Employer.

To being the Special Category onboarding process, you must have confirmed with a Children's National staff member that they will serve as your supervisor, that you can observe within their department at Children's National or a Children's National affiliated organization. After completing the intake form, please email this to your listed supervisor for verification purposes.

Applicant Information

First Name: _____

Middle Name: _____

Last Name: _____

DOB: _____

Address: _____
City State ZIP

Phone: _____ Email _____

Gender: _____

Race/Ethnicity: _____

Languages Spoken: _____

Are you a citizen of the U.S.? YES NO

If you are not a U.S. citizen and you hold a Visa, ESTA Visa Waiver, or work permit; please send a copy to specialcategory@childrensnational.org

Please list the Visa status that you will hold during your time in the U.S: _____

Have you ever been convicted of a felony or misdemeanor (including any driving related misdemeanors), other than one that has been expunged from your record or one for which you have been pardoned? (A criminal conviction will not automatically disqualify you but rather will be considered connection with the specific position(s) applied.) YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Start date: _____ End: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Start date: _____ To: _____

Emergency Contact Information

Full Name:

Email:

Relationship:

Phone:

Address:

Children's National or HSC Dept. & Supervisor Information

Please enter the department you will be working in, department cost center, as well as contact information for your Children's National supervisor.

Department Name:

First Name:

Last Name

Email Address:

Associate Role

Please review the associate role you will hold, during your assignment at Children's National or a Children's affiliated organization.

OBSERVER: Unpaid Observers are individuals who desires enhanced understanding of hospital operations that could best be acquired by closely observing or "shadowing" Medical Staff, Allied Health Professionals, and other clinicians in their patient care activities. These individuals are not fulfilling clinical rotation requirements. The experience for observers will be experiential only. The individual observing will not be involved with, assist with, or participate in any patient care. (Requires Observership agreement)

Confidentiality & Commitment Agreement

Children's National Hospital is committed to maintaining the highest standards of confidentiality. Recognizing that preserving confidential information rests with each employee/non-employee, the intent of this statement and agreement is to alert employees/non-employees to their specific responsibilities.

I understand associates must be at least 15 years of age, and agree to complete the online application, a background check, and all medical requirements.

I agree that I have read the orientation packet, confidentiality and commitment agreement, and privacy and HIPAA statement, and have completed the mandatory safety quiz and online Error Prevention training. I also authorize for release of general information given on this application.

I verify that I read the program description and requirements of the Special Category Associate Program and understand the role of a non-employee at Children's National. I understand that non-employee duties and responsibilities are designed to supplement and assist employee efforts; Associates are not permitted to perform in the same capacity as a paid employee, inclusive of contract employees.

I understand that I will be asked to present written, valid, official government documentation that I am legally present in the United States for the duration of the time that I will be assisting at Children's National (i.e., VISA, passport, or Social Security Card).

I understand that I may not begin my assignment nor receive an ID badge until all forms are completed and cleared by the Special Category team. I understand that if cleared to be a Special Category Associate, I must discontinue all activities on the approved end date and return my badge to my supervisor.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an assignment, I understand that false or misleading information in my application or may result in my release.

By typing your name, you are confirming that you have read and understood each statement. For any questions, please contact specialcategory@childrensnational.org.

Signature: _____ Date: _____