

**BRODY SCHOOL OF MEDICINE VISITOR ENCOUNTER APPLICATION**  
**Students from Formal Enrichment Programs, Individual Students and/or Professional Visitors**

**Instructions:** This application must be completed by the visitor and the sponsoring department to include: (1) The application, (2) either Short Term Visitor Health History or Long Term Visitor Immunization (appropriate to the time span of the educational experience), (3) BSOM Assumption of Risk and Release Form, with parent or legal representative's signature if visitor under the age of 18, (4) Evidence of Health care insurance (Certificate of Insurance) of adequate professional liability coverage for professional healthcare visitor who is licensed and/or credentialed. The completed package is to be forwarded to the Office of Generalist Program, (Students from Formal Enrichment Programs or Individual Students), Office of Academic and Faculty Development (Professional Visitors) or Office of Student Affairs (Medical Students). The Office will review the application packet for completeness and render the final approval for the educational experience. Before the educational experience can begin, the minimum prerequisites attached on the subsequent pages must be met with evidence of compliance.

**Visitor Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade or Year** \_\_\_\_\_

**Email** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**If non-student, please specify status (visiting professional, community member, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**BSOM Department Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Responsible Faculty/Preceptor** \_\_\_\_\_

**Type of experience requested:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Dates of Requested Experience:** Begin: \_\_\_\_\_ End: \_\_\_\_\_

*Request reviewed/approved by Department Chair, Associate Dean or Designate of mentoring department?*

Yes      No

\_\_\_\_\_  
**Signature of Department Chair, Associate Dean or designate**

*Visitor application with supporting documents reviewed/approved by either the Office of Generalist Programs or the Office of Academic and Faculty Development?*

Yes      No

**Signature, Office of Generalist Program** \_\_\_\_\_

Thomas G. Irons, MD