

DR. SHIVANI BHATT CHARITABLE FOUNDATION

Application for Observership Rotation

Applicant information

Full Name _____ Date of Application: _____

Date of birth: _____ Nationality: _____ Gender: _____

Choice of dates for starting of Observership (1) _____ (2) _____
(3) _____

Address: _____

Phone:(WhatsApp Number) _____ E-mail Address: _____

Month & Year of Graduation _____ Valid USA Visa _____ (Yes/No) _____

Education-List the name of each institution attended. Provide the address of the institution and the dates of attendance. Use a sheet of paper if needed.

1. Name and address: _____

2. Name and address: _____

3. Name and address: _____

4. Name and address: _____

USMLE Score

1. Step I _____ 1st Attempt

2. Step II _____ 1st Attempt

3. OET Exam _____ 1st Attempt

4. Step III _____ 1st Attempt YES NO

Postgraduate Experience: List the name and address of each program and/or experience attended regardless of whether the program was completed or credit was received.

1. Name and address: _____

2. Name and address: _____

3. Name and address: _____

4. Name and address: _____

Questions

- | | | |
|---|---------------------------------|--------------------------------|
| * Is any criminal action pending against you? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| * Have you ever been denied a license to practice medicine in any country? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| * Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts by any medical board, other agency or hospital? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| * Have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| * Have you been treated for or had a recurrence of a diagnosed addictive disorder? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| * Do you have any other condition which in any way impairs or limits your ability to practice medicine safely? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

If yes to any, please explain

Complete application packet

- Completed application form
- Resume or Curriculum Vitae
- Evidence of completion of medical education, including Medical School Transcripts
- USMLE Score Reports
- ECFMG certificate, if applicable
- Copy of Visa, if applicable
- Copy of passport, if applicable- information page, picture page, signature page, inside back cover page
- 1 passport photo
- IMA Membership Certificate
- SELF DECLARATION form duly signed

*** Any document that is written in a language other than English must be accompanied by an original, official translation.**

Please mail the completed packet to the following address. Also send the scanned copies of all documents to observership@drshivanifoundation.org

DR. SHIVANI BHATT CHARITABLE FOUNDATION
18, PARIJAT, ARYA NAGAR,
AMUL DARIY ROAD
ANAND 388001
(Ph): 02692-244055, (M): +91 91570 11720

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that Observership Policy of SBCF is recommendation only. SBCF doesn't have any monetary advantage.

Signature: _____

Date: _____



Dr. Shivani Bhatt

Charitable foundation

We're Living her dreams...

*The motto of **Shivani Foundation Observership Program** is to help students of our beloved country Bharat & it has been solely possible due to selfless services of our overseas Consultants, who are willingly offering their hospitals/clinics for the exposure of US Healthcare system.*

***Dr. Shivani Bhatt Charitable Foundation (SBCF)** has not taken any enrollment fees or any kind of compensation for this noble cause. Foundation has only means to give platform for enhancing medical skills and knowledge. SBCF expects students to follow strictly, the guidelines laid down below.*

- 1. Students need to follow the decorum of the hospitals/clinics wherever they have been placed.*
- 2. Students need to adhere to the law and order of the country(USA). SBCF or hospitals/ clinics/Consultants at USA are no way responsible for your misdeed or misbehaviour in USA .*
- 3. The Consultants have every right to reject the students or can ask the students to leave the premises if they find students misbehaving with patients/staff. In such condition, the Observership offered can be terminated.*
- 4. Letter of Recommendation (LOR), which is mainstay for students for their ERAS application, is to be earned by students with sincerity, hard work & good moral behaviour& it is not mandatory for consultants to provide the same.*
- 5. Students need to take care of their health by themselves. SBCF or Consultants are not liable for that.*



Dr. Shivani Bhatt

Charitable foundation

We're Living her dreams...

6. *Privacy of patients and their medical records are of utmost importance & students need to refrain from disclosing or using it in any form during or after the rotation.*

7. *These Observerships are for students' learning of US healthcare system & they are advised not to exaggerate their experiences in their letter of Intent while doing ERAS application. This not only creates bad impression for the Consultants but may also jeopardise your residency application process.*

Please be constantly aware that you as an individual are brand ambassadors of our beloved country BHARAT, so your any act or behaviour should not let down it's image and dignity.

I have read the above guidelines and agree wholeheartedly to adhere by them.

.....

*Student sign
Name -*

Date -

.....

*Parent/Guardian sign
Name -*