



# DHRHealth

## Student Affairs

### 2026 International Observer Application

DHR Health Observer Program offers an informal, non-clinical shadowing experience for individuals interested in observing healthcare professionals within a hospital or clinic environment. This program is designed to enhance participants' understanding of various healthcare careers, daily workflows, and interdisciplinary collaboration. Participation as an observer does not constitute medical education, training leading to academic credit, licensure or board certification.

Applicants are responsible for securing sponsorship, as DHR does not provide placement assistance. A listing of affiliated providers and clinics can be found on the DHR Health website.

#### Eligibility and Requirements

- **Age:** Applicants must be at least 16 years of age. Those under 18 will require parental or guardian consent.
- **Duration:** Observer experiences are limited to 30 days, and participants may not complete more than two within a 12-month period.
- Proof of English language proficiency; score must be no more than two years old from date of submission. Refer to list of approved exams and minimum score below:

|   |          |
|---|----------|
| Test of English as a Foreign Language (TOEFL)                                     | 80       |
| Occupational English Test (OET) **per section                                     | 350      |
| American Examination of the International English Language Testing System (IELTS) | 6.2      |
| Cambridge English   | B2 First |

*\*\*English proficiency exemptions available to applicants who graduated from an accredited U.S. institution.*

#### Required Immunizations and Documentation

(All records must be fully validated per U.S.-CDC standards, signed or stamped from an appropriate medical source)

- **Hepatitis B** (Positive titer with IGG levels)
- **MMR** (Positive titer with IGG levels)
- **Varicella** (Positive titer with IGG levels)
- **TDAP** (received within the last **10 years**)
- **Tuberculosis (TB)** (Negative-PPD/QuantiferON TB Gold (12mo) or chest x-ray received within **6** months)
- **Seasonal Influenza** (If applying between October 1<sup>st</sup> thru April 30<sup>th</sup>)
- **N95 Respiratory Fit Test** (acceptable masks: 3M 1860, 3M 1870+ or Haylard N95 received within the past **12** months)
- **Government-issued photo ID**
- **Student ID** (Medical student applicants only)

#### Administrative Fees

A non-refundable administrative and criminal background check fee must be submitted via money order or cashier's check addressed to "DHR Health".

|                              | International Medical Student | International Medical Graduate |
|------------------------------|-------------------------------|--------------------------------|
| Administrative Fee           | \$150                         | \$200                          |
| Proof of enrollment required | YES                           | N/A                            |
| Criminal background Fee      | \$100                         | \$200                          |
| <b>Total</b>                 | <b>\$250</b>                  | <b>\$400</b>                   |

#### Submission Instructions

The complete application packet, along with corresponding administrative fees, must be submitted in person or via mail minimum of **90 days** prior to your expected start date. (Email submissions are not accepted)

102 Paseo Del Prado  
Edinburg, TX—78539  
(ATTN: Student Affairs)



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## Student Affairs

Print clearly

| International Observer Application  |  |  |
|---|--|--|
| Application must be submitted minimum <b>90</b> days prior to expected start.   |  |  |
| Applicant Information   |  |  |
| Check applicable box<br><input type="checkbox"/> International Medical Student <input type="checkbox"/> International Medical Graduate <input type="checkbox"/> Other _____               |  |  |
| Last Name   | First Name   | Middle Name  |
| Street Address  |  |  |
| City:   | State:   | Zip Code:  |
| Email Address:  |  | Phone Number:  |
| Emergency Contact Information<br>Name:<br>Contact Number:   |  |  |
| Coordinate schedule that aligns with DHR Sponsors availability ( <b>30 day maximum</b> ). Participants may <b>not</b> complete more than <b>two</b> experiences within a 12-month period. |  |  |
| Preferred Start Date:   | Preferred End Date:  | Circle Days of Rotations:  |
| <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M <input type="text"/> T <input type="text"/> W <input type="text"/> TH <input type="text"/> F <input type="text"/> S <input type="text"/> SU |
| Sponsor Name: <input type="text"/>  |  |  |
| Sponsor Signature: <input type="text"/>   |  |  |
| Sponsor Employee Number: <input type="text"/>   |  | Date: <input type="text"/>   |
| By signing, I certify I am an active DHR Health employee or member of the medical staff who has willingly agreed to provide oversight for the above applicant.                            |  |  |
| For general inquiries, contact Student Affairs at <a href="mailto:StudentAffairs@dhrhealth.com">StudentAffairs@dhrhealth.com</a>  |  |  |



### Clinician/Employee Responsibilities & Applicant Scope of Practice Agreement

It is the policy of DHR Health to promote learning at our facilities with the goal of increasing the number of medical and healthcare professionals in the communities we serve. All such observations must be done under the sponsorship and supervision of a DHR employee or member of the medical staff.

Participation as an observer does not constitute medical education, training leading to academic credit, licensure or board certification. Observer participation must be done in a manner that does not compromise or interfere with patient care; appropriate confidentiality must be maintained at all times.

#### Clinician/Employee Responsibilities:

- Remind the participant of their obligation under the confidentiality statement and HIPAA regulations.
- Minimize the amount of PHI provided or exposed to the participant.
- Arrange for a short orientation session to review expectations of the participant.
- Supervising clinician/employee will be responsible for their participant during their time at DHR Health. If supervising clinician or employee is unavailable, participation should be rescheduled.
- Supervising clinician/employee will notify the clinic/department manager, floor supervisor or house supervisor of the participant's presence and the dates when they will be at the facility.
- Supervising clinician/employee must introduce participant as an "Observer" and must request the *patient's consent* to having the observer present during the patient's examination. Only after a patient consents may the observer participate.
- Observer **WILL NOT** be involved in, assist, or participate in any patient care activities.
- Violation of the aforementioned responsibilities is grounds for immediate learner dismissal.

#### **MUST BE COMPLETELY FILLED OUT**

**Sponsor Printed Name:** \_\_\_\_\_

**Sponsor Employee Number:** \_\_\_\_\_

**Sponsor Email / Phone:** \_\_\_\_\_

**Sponsor Signature:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Administrator:** \_\_\_\_\_

**Administrator Email/Phone:** \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_



# DHRHealth

## Student Affairs

### Sponsor Acknowledgement

To the Student Affairs Department at DHR Health,

I am writing to inform you that I have voluntarily offered the below applicant the opportunity to participate in an observer experience at DHR Health. The applicant will be under my mentorship and direct supervision.

This experience will be available to the applicant for the dates listed on application. This is an unpaid and unfunded observer experience, during which the primary purpose is observational as to enhance insight and understanding of various healthcare career pathways.

As required by DHR Health, this applicant will ***only observe*** while under my supervision or a named designee should I be called away.

I understand that the observer will have ***no hands-on*** patient contact, nor will they be responsible for patient care activities.

I further understand that the observer will dress in business professional attire at all times while under my supervision and must not attempt to pass themselves off as medical professionals.

Sponsor Printed Name: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_



### General Guidelines and Agreements

#### Initial Required

1. Applicant acknowledges they will remain with their supervising clinician/employee at **all times** while in the assigned DHR department or assigned unit/clinic. If supervising clinician or employee is unavailable, participation should be rescheduled.
2. Applicant acknowledges that their participation will be restricted to their designated sites.
3. Applicant acknowledges their understanding that DHR Health does not sponsor visas for Observers; it is the responsibility of the applicant to obtain the visa appropriate for an observational experience. Formal letters of invitation are not provided to interested candidates.
4. Applicant acknowledges that that experience as an observer is not for credit; therefore, certificates and letters of recommendation cannot be issued.
5. Applicant acknowledges to dress in a business professional manner. Jeans, shorts, spandex, cropped tops, and leggings **are unacceptable**. Footwear is limited to closed-toe shoes. Attire shall be clean, moderate in style, and appropriate for the designated work area. Medical attire (scrubs) is not permitted unless required by the procedural site. DHR scrubs will be assigned as needed.
6. Applicant acknowledges to always be clearly identifiable by using their respective DHR assigned observer badge; this is to be worn at all times above the waist with picture side out (**Policy#: HR-1026**).
7. Applicant acknowledges that cell phones are not permitted during their observation period.
8. Applicant acknowledges that the supervising clinician/employee must notify patient(s) that an observer experience is taking place and ask for the patient's consent to having the applicant present during their examination or care.
9. Applicant acknowledges that their participation as an observer does not constitute hands-on experience. Applicant acknowledges that they may not participate in any direct patient contact, defined as: physical touching; talking with; performing a medical history and/or examination; counseling (patients or patient's family/friends); assisting in surgery or any other procedure, or otherwise interacting with patients.
10. Applicant acknowledges that they may not make medical notations or changes to patient chart. No written information will be taken from DHR property or patient rooms.
11. Applicant acknowledges that failure to comply with hospitals and medical staff policies and procedures will result in termination of the participant's experience.
12. Applicant acknowledges that it is policy of DHR to promote an environment free from any form of harassment and discrimination.
13. Applicant acknowledges that all expenses related to the observation—including lodging, meals, and transportation are the responsibility of the observer.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_



### Release and Waiver of Liability

*Read this waiver carefully before you sign.*

This Waiver of Liability (the "Waiver") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 2026 by \_\_\_\_\_ (the "Observer's" name) in favor of Doctors Hospital at Renaissance ("DHR"). In consideration of DHR allowing me to be an Observer at the hospital, I hereby freely and voluntarily, without duress execute this Waiver under the following terms:

1. **Status:** I, the Observer, understand and agree that as an observer, I am not an employee of DHR, and I will not be eligible for, entitled to, or receive compensation and benefits available to employees of DHR.
2. **Waiver and Release:** I, the Observer, release and forever discharge and hold harmless DHR from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my participation with DHR. I understand and agree that this Waiver discharges DHR from any liability or claim that I, the Observer, may have against DHR with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation on a DHR site.
3. **Insurance:** I, the Observer, understand and agree that I am not and will not be covered by workers' compensation insurance or any other form of insurance maintained by DHR for its employees.
4. **Assumption of Risk:** I understand, acknowledge and assume all inherent risks associated with my participation with DHR. I hereby expressly and specifically assume the risk of injury or harm from my participation, and I hereby release DHR from any and all liability for injury, illness, death, or property damage resulting from my participation as an Observer while at DHR.
5. **Scope and Enforceability:** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that this Waiver shall be governed by and interpreted in accordance with the laws in the State of Texas. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the validity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver, which shall continue to be enforceable.

BY SIGNING BELOW, I ACKNOWLEDGE AND REPRESENT THAT I HAVE CAREFULLY READ AND REVIEWED THIS RELEASE AND WAIVER OF LIABILITY, AND FULLY UNDERSTAND ITS CONTENTS. I HEREBY EXPRESS MY UNDERSTANDING AND INTENT TO ENTER INTO THIS RELEASE AND WAIVER OF LIABILITY WILLING AND VOLUNTARILY.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

If applicant is under the age of 18, a parent/guardian must read and sign this Release and Waiver of Liability Form.

Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_



### Learner Acknowledgements

By reading and initialing information shown below, I acknowledge the completion of DHR Health's Acknowledgements as presented via QR code.

Initial Below:

1. Learner Acknowledgement-Injury, Needle-Stick, or Blood Body Fluid-Exposure Reporting; Accident or Incident reporting; HIPAA Basics; and Harassments in the Learner setting



<https://dhr.link/edcc3f>

2. Confidentiality and Privacy of Patient Information



<https://dhr.link/8y4>

3. Parking Acknowledgement



<https://dhr.link/xq5>

4. Criminal Background Disclosure and Release



<https://dhr.link/ibb>

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_