



**Clinical Access Request - Approval Document**

International visitor name:

Requested date to begin:

Date to end:

Faculty sponsor name:

**SECTION I: TO BE COMPLETED BY THE FACULTY SPONSOR'S DEPARTMENT CHAIR**

As department chair, applicant's request to observe in my department is approved and my department will accept responsibility for the activities of this individual during the OSU observational period. I have reviewed the applicant's vaccination and test records and confirm that they meet the OSUWMC requirements.

Department chair name:

Signature

Date:

**SECTION II: TO BE COMPLETED BY THE OSUWMC CMO OR OFFICE OF GLOBAL HEALTH DIRECTOR**

This application is approved.      Yes      No

OSUWMC CMO or Office of Global Health Director:

Signature

Date: