



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: