



## Supporting Documents:

These documents **must be translated into English** and submitted to the CC Florida Director, Allied Health Professionals Observership Program.

- Copy of one of the following Visa status: (It may be presented at the first day orientation meeting)
  - **I-94** (Granted upon admission in the USA)
  - **Green Card**
  - **Passport**
- Copy of the Allied Health Diploma
- Evidence of health insurance covering accidents, illness, etc. while performing the Observership.  
(It may be presented at the first day orientation meeting)
- Evidence of "Proficiency in English"
- Health screening with documentation of immunization status (PPD-Step 1 and 2, Rubella IGG, Varicella Zoster IGG, Hepatitis B Antibody, Flu Shoot).
- Personal and emergency contact information
- Personal Statement with Goals and Objectives
- Reference letter from the health institution where currently on staff
- Résumé

## Application's Address

### Cleveland Clinic Florida & International Medical Education

Allied Health Professionals Observership Program

2950 Cleveland Clinic Blvd, 4<sup>th</sup> floor, Weston, FL 33331 – USA

Tel: 954-659-5077. Fax: 954-659-5649.

E-mail: [flahealthobserver@ccf.org](mailto:flahealthobserver@ccf.org)

**Note:** This application can be sent by mail, e-mail in pdf, or fax.

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## Declaration

**I certify that the information given on this form is true, accurate and complete.**

**I understand that any false information will cause my disqualification.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_