



Observational Clinical Experience (OCE) Application Form

In order to facilitate planning for your Observational Clinical Experience (OCE), please complete the following and return via e-mail to Global Nurse Program at GNProgram@uphs.upenn.edu or fax to 215-615-3839 with your curriculum vitae to the attention of:

Elizabeth G. Carnall, BSN, RN-BC
Global Nurse Program
Hospital of the University of Pennsylvania
3400 Spruce Street, Nursing Network Center, Dulles 1
Philadelphia, PA 19104
Tel: 215-615-3807 Fax: 215-615-3839
Email: Elizabeth.Carnall@penmedicine.upenn.edu

Please complete the following information:

Name: _____ Title: _____

(School/Organization Information): _____

Address (Home): _____

Phone Numbers (Home): _____

(Office): _____

FAX Number: _____

Email Address: _____

Country of Citizenship: _____

Do you require a Visa to visit the United States: Yes No

Comments about your Visa Status/Application if applicable: _____

Please state your program goal (s):

Please provide a detailed list of objectives for your visit below.

1.

2.

3.

Review the Standard Fees for OCE - one or more may apply to your visit depending on your specific request

Clinical Observation Visit Fees for 1-8 hours observation on any clinical units/area:

One (1) day to four (4) days \$500.00 per day, which may be less than 8 hours but not greater

One (1) week to four (4) weeks \$2000.00 per week which may be less than 40 hours but not greater

One (1) month or more \$6000.00 per month

Hospital Tours: \$200.00 per hour (not requiring clinical visit for the first 2 hours or less – \$50.00 for additional hour)

The above costs do not include cost for attending fee-based seminars and courses, or costs associated with using a translation/translator services. Arrangements can be made for pre-payment and attendance at these activities, if they are taking place during the dates of your visit. If you require a translator, please allow sufficient time before your visit, for us to make the necessary arrangements. You will be informed of the cost of the translator. Payment and all fees are expected prior to your arrival. We reserve the right to change fees as appropriate.

IMPORTANT: Please note that fees may change in relation to individual goals, length of stay and type of exposure required.

Provide us the name, address, phone, email contact, and relationship of two people we may contact in case of an emergency.

Contact 1:

Name: _____

Relationship: _____

Telephone# _____

Email: _____

Contact 2:

Name: _____
Relationship: _____
Telephone# _____
Email: _____

Communication

Fluency with English (please check):

We will consider all applicants regardless of their ability to speak English. Please advise us of your level of English fluency. However, if you do not speak English, you will be responsible for the cost of an interpreter.

	Poor	Fair	Good	Excellent
Speaking				
Writing				
Reading				
Understanding				

Applicants for whom English is a second language must submit Test of English as a Foreign Language (TOEFL), International English Language Testing System (IELTS), or Test of English for International Communication (TOEIC) scores to demonstrate English proficiency. The minimum scores required for admissions consideration are:

- **TOEFL:** 70 (iBT), 175 (CBT) or 550(PBT).
- **IELTS:** 5.5
- **TOEIC:** 130 with a proficiency level of 6

Please state the dates of your proposed study/OCE visit in order of preference: We would do our best to accommodate your first preference, however, we may not be able if we have simultaneous competing demands in your area of interest.

Preference 1. _____

Preference 2. _____

Preference 3. _____

Accommodations Information:

There are several options for accommodation within the Hospital area; we have provided you a few options below. Please contact your preferred accommodation choice directly. All risk is solely that of the applicant.

Accommodations		Approximate Cost
Hotels	Homewood Suites 4109 Walnut Street, Philadelphia, Pennsylvania 19104 Tel: 1-215-382-1111	Rate varies depending on date(s) Email for rate inquiry: Paul.DiNapoli@hilton.com

	<p>www.universitypennhotel.com</p> <p>Inn at Penn 3600 Sansom Street Philadelphia, PA 19104 TEL: 1-215-222-0200 www.theinnatpenn.com/</p> <p>Sheraton University City 36th & Chestnut Street Philadelphia, PA 19104 TEL: 1-215-387-8000 www.philadelphiasheraton.com/</p>	<p>Rate varies depending on date(s) Email for rate inquiry: sabrina.cooper@hilton.com</p> <p>Rate varies depending on date(s) Email for rate inquiry: sheraton@sheruniv.com</p>
<p>Conference Services (University of Pennsylvania housing)</p>	<p>222 Sansom Place East 3600 Chestnut Street Philadelphia, PA 19104 TEL: 1-215-898-9319 http://cms.business-services.upenn.edu/hospitality-services/accomodations/extended-stay-housing.html</p>	<p>Email for rate inquiry: confsvcs@exchange.upenn.edu</p>

Please note that all international visitors are required to have health coverage in the US during the OCE period. Please indicate below your valid health insurance information:

Please have your primary care provider complete the attached health record form. Required immunizations are to be completed and recorded in the attached health record form by an active license physician. The completed form must be received by the office of the Global Nurse Program at least 2 weeks before the start of the OCE. Immunization requirements cannot be waived for safety and legal reasons. Additional immunization may be required depending on epidemics or other global health related risks. We must ensure the safety of our patients, families, employees, as well as our applicants and visitors.

***I have read and understand the application as written and hereby affirm that all the information provided is true and accurate to the best of my knowledge**

Signature Required _____ Date: _____