2026 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; participants may **not** complete more than two experiences within a 12-month period.

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** (3 dose series or positive titer with IGG levels)
- **MMR** (2 dose series or positive titer with IGG levels)
- **Varicella** (2 dose series or 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 1st thru April 30th)
- **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** (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".

	High School Students	Undergraduate or Graduate	Working Professional
Administrative Fee	WAIVED	$50	$100
Proof of enrollment required	**YES**	**YES**	**N/A**
Criminal background Fee	$50	$50	$50
Total	**$50**	**$100**	**$150**

Submission Instructions

The complete application packet, along with corresponding administrative fees, must be submitted in person or via mail minimum of **30 days** prior to your expected start date. **(Email submissions are not accepted)**

Mailing Address:

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

For general inquiries, you may contact the program via email at StudentAffairs@dhrhealth.com .

DHR Health
Student Affairs

Print clearly

Observer Application

Application must be submitted minimum 30 days prior to expected start.

Applicant Information

Check applicable box

☐ High School Student ☐ Undergraduate/Graduate Student ☐ Working Professional

Last Name	First Name	Middle Name

Street Address

City:	State:	Zip Code:

Email Address:	Phone Number:

Emergency Contact Information
Name:
Contact Number:

Coordinate schedule that aligns with DHR Sponsors availability (30 day maximum). Participants may **not** complete more than two experiences within a 12-month period.

Preferred Start Date:	Preferred End Date:	Circle Days of Rotations:
_____/_____/_____	_____/_____/_____	M T W TH F S SU

Sponsor Name:_____
Sponsor Signature:_____
Sponsor Employee Number:_____ Date:_____

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 StudentAffairs@dhrhealth.com

DHR Health
Student Affairs

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: _____

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: _____

DHR Health
Student Affairs

General Guidelines and Agreements

Initial Below

____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: _____

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Student Affairs

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: _____

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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: _____