

The University of New Mexico Health Sciences Center  
Graduate Medical Education

**GME Medical Observer Agreement**

By signing this agreement, I request to observe \_\_\_\_\_ (Name of service or staff member supervision) at The University of New Mexico Health Sciences Center between \_\_\_\_\_ to \_\_\_\_\_.

I understand that I will not receive any academic credit for this experience. This experience does not constitute medical education, graduate medical education, continuing medical education or training leading to licensure or board certification. I understand I am not a student, resident, or medical staff member at UNM HSC or any of its affiliates. I agree to not represent myself as such either now or in the future. I may represent this experience as an "observer" at UNM HSC

I understand that as an individual not licensed to practice medicine in the State of New Mexico, I will not provide medical care during this experience. I will not, take a medical history, examine a patient, provide medical advice to a patient, assist in surgery or other procedures, or write in a medical chart. I understand that such activity on my part may result in disciplinary action against the supervising physician by the Medical Board of New Mexico and possible criminal prosecution against me.

I understand this experience is done as a volunteer. As such, I understand I am not employed by the UNM HSC or any affiliates.

I understand that I will accompany a physician on duty and observe. I should inform each patient I observe that I am an observer and ask permission to observe. If permission is refused I will leave the area.

I understand that I will not have independent access to patient information (electronic or written) or restricted areas of UNM HSC.

I will comply with all UNM HSC policies and procedures including patient confidentiality.

I understand that UNM HSC may at its discretion terminate this agreement without due process or appeal process.

I understand this observation agreement is valid at UNM HSC. VAMC does not allow observers.

I have read and understand the information above and agree to abide by them.

Printed name of observer

Signature

\_\_\_\_\_

\_\_\_\_\_

Printed name of supervisor/Program Director

Signature

\_\_\_\_\_

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