

Erie County Medical Center Corporation
Visitor Encounter Application

Students from Formal Enrichment Programs, Individual Student and/or Professional Visitor

Instructions: The application must be completed by the visitor and the sponsoring department to include: (1) The application, (2) Long Term Visitor and Health Questionnaire, (3) ECMC Assumption of Risk and Release Form, with parent or legal representative's signature if visitor under the age of 18, The completed package is to be forwarded to ECMC Human Resources. The Office will review the application packet for completeness and render the final approval for the educational experience. Before the educational experience can begin, the minimum prerequisites attached on the subsequent pages must be met with evidence of compliance.

Visitor Name _____ Age (if under 18) _____

Address _____ Phone _____

School _____ Grade or Year _____

If non-student, please specify status (visiting professional, licensed professional, etc.)

ECMC Department Contact _____ Phone _____

Responsible Preceptor _____

Type of experience requested _____

Dates of Requested Experience: Begin: _____ End: _____

Request reviewed/approved by Department Head, Chief of Service or designate? Yes No

Signature of Department Head, Chief of Service or Designate

Visitor application with supporting documents reviewed/approved by Human Resources?

Yes No

Signature of Office _____

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