SUPERVISOR RESPONSIBILITY FOR CLINICAL OBSERVER

(Use this form when there is more than one supervisor)

I accept responsibility as Attending Physician for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

who will be a Research Associate/Clinical Observer during the time period of

Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -- End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, University of California, Irvine.

Below is a list of all supervisors

Supervisor Name John Doe, M.D.

Title HS Asst Clinical Professor

Department Department

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Title HS Asst Clinical Professor

Department Department

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