



Aultman Health Foundation Observation Application-Summer Symposium 2026

STUDENT COORDINATOR USE ONLY

Application Complete _____

Section 1: General Information / Agreement

Type of observation interested in _____

First Name _____ Last Name _____ Date of Birth _____

Gender Male Female Phone Number (_____) _____ - _____

Email _____

Address _____ City _____ State _____ Zip code _____

School/College _____ Grade _____

I, the undersigned, do agree to abide by the rules & regulations of Aultman Hospital and their applicable policies and procedures while observing at Aultman Hospital. I hereby certify that the above information is correct.

Applicant's Signature

Date

APPROVED: _____
Medical Education

Date

Please Return to the below email.
Summersymposium@aultman.com
Aultman Hospital
Office of Medical Education



Section 2: Acknowledgment Statement

Compliance:

All members of the Aultman workforce are expected to comply with the Code of Conduct, as well as all applicable policies and procedures, laws, regulations and contractual obligations.

- I understand that I am required to report any compliance concerns or issues to a member of the management team, the Compliance Department or the Aultman Compliance Line (1-866-907-6901).
- I understand that individuals who appropriately report concerns will not be punished.

Conflict of Interest

Conflicts of interest may arise in a variety of circumstances. A conflict of interest occurs in situations where a workforce member could be affected because of a personal interest in the outcome of a decision over which the workforce member has control or influence.

- I do not have any financial, business, personal or other relationships that conflict with Aultman’s interests, or I have disclosed all actual and potential conflicts of interest to a member of management or the Compliance Officer.

Confidentiality:

Most clinical and business records contain confidential information. All workforce members have a legal and moral responsibility to maintain confidentiality at all times.

- I agree not to disclose confidential information without proper authorization.
- I agree not to review records or files for which I do not have authorization, including the records of co-workers, family and friends.
- I agree not to remove confidential information from Aultman without approval to do so.
- I agree not to make copies of any records or data except as required to perform my duties.
- I agree not to use any Aultman records or data for personal use or for commercial purposes.

Electronic Communications:

All electronic communication systems and the information transmitted by, received from or stored in these systems are the property of Aultman Health Foundation.

- I understand that these systems are to be used solely for job-related purposes and not for personal use.
- I understand I have no expectation of privacy in connection with the use of these systems.
- I agree not to access a file or retrieve stored communication without authorization.
- I agree not to share my password with anyone.
- I agree not to use another person’s ID to gain access to any electronic communication system.

Violation of any of the standards listed on this form may result in disciplinary action and/or removal from Aultman Health Foundation programs.

By signing this statement, you are acknowledging your acceptance and adherence to Aultman’s Code of Conduct, conflict of interest, confidentiality and electronic communication policies.

Print Name _____ Date _____

Section 3: Tobacco Free Policy

Tobacco-Free Policy Statement

Effective Monday, January 2, 2017, Aultman Hospital will implement the second phase of its Tobacco-Free Campus initiative. This initiative will strengthen Aultman’s commitment to a healthy workforce and community. As a part of this program, Aultman will be taking the following steps:

- Aultman’s main campus, off-site facilities and other properties will continue to be tobacco-free.
- Tobacco users will no longer be hired. All new hires will undergo a nicotine test prior to employment.
- Students will no longer be able to participate in their educational experiences if they smell of tobacco products and will be asked to leave the premises and are not permitted to use tobacco products during their experience at Aultman.

By signing below, you are acknowledging your acceptance and adherence to Aultman’s Tobacco-Free Policy Statement.

Print Name _____ Date _____