



SHADOWING REQUEST FORM

NAME: _____

Enrolled College Student or Student Advisory Board Member (Active)

DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PHONE NUMBER: _____

SCHOOL: _____

COURSE OF STUDY: _____

AREA OF INTEREST: _____

NUMBER OF HOURS REQUESTED: _____

IF SPECIFIC DATES, PLEASE STATE: _____

POLICY:

It is the policy of Meadows Regional Medical Center, Inc to allow college students or active members of our Youth Advisory Board to participate in limited shadowing opportunities.

Approved positions are limited to availability of the employee or provider. Each department director establishes guidelines as to whether shadowing is allowed in his/her specific area.

A student who wishes to job shadow must follow our approved Shadowing Procedure. Enrolled college students will be limited to eight (8) students per semester. The length of shadowing experience will be determined by the Supervisor and shall not exceed 10 days/80 hours.

Semester System	School Start <small>Shadowing opportunity during semester beginning:</small>	Shadower Request Deadline	Maximum
Fall	August	June 1st	8
Spring	January	November 1st	8
Summer	May	February 1 st	8

Other Required Documentation

We utilize My Clinical Exchange as the gatekeeper for all shadowing documentation. Upon approval from the facility the Observer will receive an email providing instructions regarding how to access the system. The cost associated with participation is \$36.50 and the Observer will be required to complete the following items:

- Confidentiality Agreement;
- Job Shadower/Observer Health Questionnaire and Responsibilities Agreement;
- Student/Observer Health Requirements (Vaccination records) with copies of records;

Over 18 - Submission to 1-Step TST (Tuberculosis) Shot

- Observer/Shadower Online Application;
- Key Elements Module;
- Poof of Identity (Valid Driver's License with photo); and
- Auto Insurance (Valid Automobile Insurance.)

All paperwork must be submitted through My Clinical Exchange fifteen (15) days prior to your scheduled dates. Please scan to awpowell@meadowsregional.org.

Amy Powell

Human Resources Assistant

Meadows Health

Email: awpowell@meadowsregional.org

COMPLETED BY MEADOWS HUMAN RESOURCES DEPARTMENT

Date Received: _____

Approved Declined

Submitted to Human Resources Date: _____
