

Shadow Request Form

I. Requesting Student to Complete:

I, _____ hereby request to shadow at Johnston Health
(Student's Name)

on _____ in the _____ Department(s) and
(Date)
observe the following position(s): _____

I am a student in good standing at _____
(Institution Name)

I have read and agree to abide by the following rules:

1. Report to the Education Department Secretary on the date and time scheduled to shadowing.
2. Submit a signed Johnston Health Confidentiality Statement.
3. Abide by the Johnston Health Student Shadowing Policy.
4. Wear appropriate identification/name badge – at all times.
5. Comply with the Johnston Health Dress Code and Standards of Behavior.

If exposed to any confidential patient information, I understand that this confidential patient information is protected by the current HIPAA laws.

Requestor's Signature: _____ Date: _____

II. Advisor/Instructor to Complete:

I, _____ have validated that the above named student meets all the requirements to participate in the Johnston Health Student Shadowing Program. I assume all accountability for the student while shadowing at Johnston Health.

I have validated the following for the Education Department:

- Copy of Driver's License or other photo identification.
- Requesting student is currently enrolled and is in good standing.

Advisor/Instructor's Signature: _____ Date: _____

III. Education Department Secretary to Complete:

Department(s) assigned to: _____

Position(s) to Shadow: _____

Assigned Preceptor: _____

Scheduled shadowing date: _____ Reporting Time: _____

Education Department Secretary Signature: _____ Date: _____

This form MUST be completed in full by the requestor and signed by the advisor/instructor for the shadowing student. This request, if granted, is ONLY valid for the date listed above.