

Shadow Applicant Name

Mailing Address

Email Address:

Daytime Phone Number

STATEMENT OF INTENT

- Why are you interested in Shadowing at SLU Hospital?
- Desired Goals or outcome of observation:
- How did you hear about this program?

BACKGROUND

Educational status:

Nursing Student Job applicant Exploring career in healthcare Other _____

Select the day(s) of the week and specify dates you anticipate participating in the shadow program:

Mon Tue Wed Thu Fri Sat Sun

Preferred times:

Morning Afternoon Evenings

Department (s) you would like to observe: _____

SHADOWING PRE-ACCEPTANCE CHECKLIST:

Shadower submits completed:

- Updated resume
- Shadowing application

After application has been approved, shadower must provide ALL of the following: (check all that apply):

- Confidentiality Statement
- Current immunization records
- Review hospital's smoking and tobacco use policy ("Tobacco Free Policy")
- Review hospital's dress code and personal appearance policy ("Standards of Dress and Appearance")
- Watch hospital HIPAA video and complete 24-question test

Application may be faxed to 314-577-8574

SHADOW APPLICANT AGREEMENT

ALL SHADOWING APPLICANTS MUST SIGN AND DATE BELOW:

I am aware that if I violate a Saint Louis University Hospital rules or regulations my Shadowing experience may be terminated immediately. Additionally, if I do not meet the Dress Code Policy on day(s) in which I am scheduled to shadow, I will not be allowed to complete the experience on that day. I will remember that the department may make special accommodations for my shadowing, therefore, if something happens and I am not available during the time that I have been scheduled for, and then I MUST notify the department. Rescheduling arrangements may be discussed at this time or later. I understand that my shadowing experience may be terminated for any misinformation or omission of fact appearing on this application form, checklists, or for any violation of rules or regulations.

Printed Name: _____

Signature: _____

Date: _____

