



## Shadowing/Observation Experience Program

Welcome to the Regional One Health Shadowing/Observation Experience Program! We are glad you have selected us as an observation site and hope the experience will be a positive influence on your students' career in healthcare. We have Shadowing/Observation opportunities in adult clinical settings available.

**Only students from approved Affiliate Schools will be accepted** into the Shadowing/Observation Program. The Shadowing/Observation Experience is limited to observation only; **under no circumstances will patient care be involved.**

The completed Application Packet must be received by Regional One Health no later than **three weeks prior to the requested start date** of the Shadowing/Observation experience. Once your Application Packet has been received and reviewed, you will receive a Notice of Approval/Reason for Decline within one week. If you have any questions, please contact Regional One Health's Training and Development Department at 901-545-7379.



# Regional One Health

## Application Packet Instructions for Shadowing/Observation Experience

1. Contact the Department Manager to select an Approved Preceptor and to discuss/ confirm his/her availability for the date(s)/time(s) of the Shadowing/Observation experience you are requesting. Have selected preceptor complete the Preceptor Confirmation Form and return to Affiliated School Coordinator in order to submit to Regional One Health's Department of Training and Development.
2. The Affiliate School Coordinator should complete the following:
  - Shadowing/Observation Experience Application
  - Shadowing Prerequisite Checklist
  - Preceptor Confirmation Form
3. The Student should complete the following:
  - Shadowing/Observation Student Agreement
  - Online Orientation (<http://www.the-med.org/media/Affiliate-School-PPT.pps>)
  - Online Orientation Completion Attestation (Coordinator must countersign)
  - Signed Confidentiality Form (a link to this form is part of the Online Orientation)
4. The following documentation or a Statement of Attestation (sample provided) must also be included:
  - Copy of current Liability Insurance Certificate
  - Statement of Student Immunizations
    - Annual TST (Tuberculin Skin Test) - date, type, and result.
    - Measles/mumps - for students born on or after 1/1/57, provide adequate documentation of diagnosed disease, laboratory evidence of immunity, or documentation of adequate vaccination.
    - Varicella (Chickenpox) - adequate vaccination, diagnosed disease, or for those with a negative or uncertain history of varicella, serologic screening.
    - Hepatitis B (can waive, if documented; titer optional).
    - Rubella - for students born on or after 1/1/57, provide laboratory evidence of immunity or documentation of adequate vaccination. All women, regardless of birth date, should have proof of rubella immunity or prior vaccination.
    - Tetanus, Diphtheria, and Pertussis Booster - every 10 years after the initial series.
    - Flu Immunization.
  - Statement of Student CPR Certification
  - Statement regarding criminal background check
  - Statement regarding drug screening
  - Statement regarding FIT testing (if applicable)

Completed Application Packet must be received by Regional One Health no later than **three weeks prior** to the requested start date of the Shadowing/Observation experience.

**Mail:** Regional One Health  
Training & Development, 2nd Floor Adams  
877 Jefferson Avenue  
Memphis, TN 38103

**Fax:** 901-545-7706

**E-mail:** [Ichism@the-med.org](mailto:Ichism@the-med.org)

Once your Application Packet has been received and reviewed, you will receive a Notice of Approval/Reason for Decline within one week.



## Preceptor Confirmation Form

Affiliate School \_\_\_\_\_

Affiliate School Coordinator \_\_\_\_\_

Student \_\_\_\_\_

I confirm that I have spoken with the Coordinator/Student and am available and willing to act as Preceptor for a Shadowing/Observation experience on the following date(s)/time(s):

\_\_\_\_\_

Preceptor Printed Name \_\_\_\_\_

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_



## Application for Shadowing/Observation Experience

### Affiliate School Information

School \_\_\_\_\_

Coordinator \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

### Student Information

Name \_\_\_\_\_ Email \_\_\_\_\_

Area of Study \_\_\_\_\_ Academic Level \_\_\_\_\_

### Requested Shadowing/Observation Experience

Department \_\_\_\_\_

Preceptor \_\_\_\_\_

Date(s)/Time(s) [limited to 5 days] \_\_\_\_\_

Objectives \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Coordinator Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_

#### For Training and Development Use Only

Application Received by: Initials \_\_\_\_\_ Date \_\_\_\_\_

- Approved  
 Declined (reason) \_\_\_\_\_

\_\_\_\_\_  
Signature, Director of Training and Development \_\_\_\_\_ Date \_\_\_\_\_

- Approved  
 Declined (reason) \_\_\_\_\_

\_\_\_\_\_  
Signature, CMO (required for Medical Students only) \_\_\_\_\_ Date \_\_\_\_\_

- Approved  
 Declined (reason) \_\_\_\_\_

\_\_\_\_\_  
Signature, Hospital Administrator \_\_\_\_\_ Date \_\_\_\_\_



## Shadowing/Observation Prerequisite Checklist

Please submit this completed checklist along with all applicable forms to Regional One Health’s Training and Development office no later than **three weeks prior** to the start of the Shadowing/Observation experience.

Affiliate School \_\_\_\_\_

Coordinator \_\_\_\_\_

Student \_\_\_\_\_

	Yes	N/A
Shadowing/Observation Experience Application	<input type="checkbox"/>	<input type="checkbox"/>
Preceptor Confirmation Form	<input type="checkbox"/>	<input type="checkbox"/>
Shadowing/Observation Student Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Online Orientation Completion Attestation	<input type="checkbox"/>	<input type="checkbox"/>
Signed Confidentiality Form	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Objectives (submitted to Preceptor)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of current Liability Insurance Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Attestation of Student Immunizations	<input type="checkbox"/>	<input type="checkbox"/>
Attestation of Student CPR Certification	<input type="checkbox"/>	<input type="checkbox"/>
Attestation regarding criminal background check	<input type="checkbox"/>	<input type="checkbox"/>
Attestation regarding drug screening	<input type="checkbox"/>	<input type="checkbox"/>
Attestation regarding FIT testing	<input type="checkbox"/>	<input type="checkbox"/>

If the student is a current or past Regional One Health employee, please print name used during employment: \_\_\_\_\_

Completed packets must be received by Regional One Health no later than **three weeks prior** to the start of the Shadowing/Observation experience.

**Mail:** Regional One Health  
 Training & Development, 2nd Floor Adams  
 877 Jefferson Avenue  
 Memphis, TN 38103

**Fax:** 901-545-7706

**E-mail:** lchism@the-med.org



## Shadowing/Observation Student Agreement

Student Name \_\_\_\_\_ Age \_\_\_\_\_ (must be 18 or older)

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

I, \_\_\_\_\_ (print name), have read and agree to comply with the following requirements in order to participate in the Regional One Health's Shadowing/Observation Program (check each statement):

- I voluntarily authorize Regional One Health to make a thorough investigation of my eligibility for a shadowing experience, including a Background Check.
- I understand that my Shadowing/Observation experience may be terminated for any misinformation or omission of fact appearing on the application forms or checklists, or for any violation of Regional One Health's rules or regulations.
- I understand that I will **not** be allowed to complete the Shadowing/Observation experience if I am not compliant with Dress Code Policy on days in which I am scheduled to shadow.
- I understand that I am expected to arrive on time to my assigned department. If I am not available to report for the Shadowing/Observation experience as scheduled, I will notify my Affiliate School Coordinator and my Preceptor.
- I understand that I am expected to reflect a business-like and professional atmosphere at all times, which includes maintaining confidentiality of all patients and avoiding boisterous or inappropriate conversations.
- I understand that I am **not** permitted to use smart phones, tablets or any other devices associated with social networking during my Shadowing/Observation experience.
- I understand that the Shadowing/Observation experience is limited to observation only; under **no circumstances** will patient care be involved.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sample Statement of Attestation**  
(Must be on School Letterhead)

Date: \_\_\_\_\_

Dr. Linda Chism Leaks  
Director of Training and Development  
Regional One Health  
877 Jefferson Avenue  
Memphis, TN 38103

**RE: Shadowing/Observation Program Attestation**

Dear Dr. Chism Leaks:

This letter confirms that Student Name has on file with School Name/Program documentation of the following:

1. Annual TST (Tuberculin Skin Test) date, type, and result.
2. Measles/mumps. For students born on or after 1/1/57, provide adequate documentation of diagnosed disease, laboratory evidence of immunity, or documentation of adequate vaccination.
3. Varicella (Chickenpox). Adequate vaccination, diagnosed disease or, for those with a negative or uncertain history of varicella, serologic screening.
4. Hepatitis B (can waive, if documented; titer optional).
5. Rubella. For students born on or after 1/1/57, provide laboratory evidence of immunity or documentation of adequate vaccination. All women, regardless of birth date, should have proof of rubella immunity or prior vaccination.
6. Tetanus, Diphtheria, and Pertussis Booster every 10 years after the initial series.
7. Flu Immunization or informed refusal of the vaccine.
8. Fit Testing.
9. CPR Certification.
10. Evidence of negative background screen (must have been performed within the past 12 months.)
11. Evidence of negative drug screen (must have been performed within the past 12 months.)

This information is valid for Shadowing/Observation Experience Dates and will be made available upon request.

Please feel free to contact me if you have additional questions.

Sincerely,

Affiliate School Coordinator  
Contact Information