

Observership (shadowing) Form

Area of specialty _____

Person you will be observing _____

Contact information for person you will be observing _____

To whom it may concern:

This student certifies that they are currently enrolled as a _____ year student in good academic standing at WSU-BSOM. All immunizations required for admission are up-to-date. M1 and M2 students will need to provide independent verification of seasonal influenza vaccine as well as any immunizations required by the institution, but not for BSOM admission. (required by some sites) The student has undergone HIPAA and OSHA training in Universal Precautions. As long as he/she is an enrolled student at this institution, he/she is covered by the University's malpractice insurance policy. In addition, he/she is either automatically enrolled in a student health insurance plan or has his/her personal health insurance plan.

By signing this form the student is aware of the following:

1. An observership allows an educational process to occur in a clinical setting. It does not include direct participation in invasive procedures on patients, writing on the medical record, writing orders for patients and/or answering questions posed by patients or other care-providing staff regarding the treatment of patients.
2. They will be aware of and follow the Hospital's or Practitioner's regulations and Policies that are issued under the Health Insurance Portability and Accountability Act.
3. Observerships are dependent on practitioner and clinic availability.
4. They will give the practitioner a minimum of two weeks notice and cancel a minimum of 72 hours in advance for a non-emergency cancellation.
5. They will wear their white coat and name tag and follow the dress regulations/standards of the hospital/practitioner. Appropriate attire is usually casual business attire. Unacceptable attire may include inappropriate tattoos, excessive jewelry, visible body piercings (except ears), excessive fragrance, smell of smoke, suggestive clothing, denim, shorts/skorts, flip-flops or beach style sandals, inappropriate logos or pictures on clothing, midriff baring tops or spaghetti straps, workout clothing, and ball caps.

Thank you for providing this opportunity for the student.

Signature of Student

Signature of Practitioner

After the form is completed and signed by practitioner, drop it off at or scan and email it to the Office of Student Affairs and Admissions

Acknowledgement of receipt

Student Affairs representative initials _____

Date _____