

Request for Shadowing a Healthcare Provider at Nanticoke Health Services

Shadow experiences are granted to individuals 16 years old or older who have an interest in the healthcare field. These experiences are time limited lasting no longer than two (2) weeks. The intent of the experience is to give the shadow individual an opportunity to observe how care is delivered in the area of interest. **THERE IS NO PATIENT CONTACT DURING A SHADOW EXPERIENCE.**

Name: _____

Email: _____

Phone: (_____) _____

Requested Shadow Dates & Times _____

Unit/Area OR Preceptor being requested for Shadow: _____

Preceptor has agreed and I have attached the *Preceptor Agreement for Shadowing Individual* (PDF NHS-3266-WS)

Reason for the Request to Shadow:

Shadowing Individual's Signature

Date

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NHS UNIT DIRECTOR APPROVAL

Request GRANTED

Shadowing dates & times confirmed: _____

Request DENIED

Unit Director Name (*please PRINT*)

Date

Unit Director Signature