

## Request for Shadowing a Healthcare Provider at TidalHealth Nanticoke.

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 THN-3266-WS)

Reason for the Request to Shadow:

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

\_\_\_\_\_  
Shadowing Individual's Signature

\_\_\_\_\_  
Date

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### TidalHealth Unit Director Approval

Request GRANTED  
Shadowing dates & times confirmed:

\_\_\_\_\_

Request DENIED

\_\_\_\_\_  
Unit Director Name (please PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit Director Signature

THN-3485-WS (09/22/20)