



Premed Shadowing Request

This is an opportunity for qualified college students to job shadow our healthcare professionals in order to meet the requirements for medical school applicant. Students must be enrolled in a formal education program and be in good academic standing. This is an unpaid experience and students may spend 40 hours within Kootenai Health, it is recommended that shadowing be limited to 2 days per specialty. Shadowing is not permitted in the main Kootenai Health Operating Room. Applicants must make their own arrangements with a Kootenai Health provider for shadowing times. Applications must be received 4 weeks prior to the requested date.

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Shadowing Date & Time Requested: \_\_\_\_\_ GPA: \_\_\_\_\_

School: \_\_\_\_\_ Major: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

I have made arrangements with a Kootenai Health physician and been approved for an observation experience

Physician Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dept: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Confidentiality Statement

I, \_\_\_\_\_ pledge to observe appropriate rules of conduct and maintain confidentiality before, during, and after my shadowing experience at Kootenai Hospital/Kootenai Clinic. As a student considering a career as a health care professional, I understand the importance of confidentiality and will uphold the standards within the profession. In addition, I release the hospital of any liability while I am on hospital grounds and I verify that I have the following up to date immunizations: measles, mumps and rubella (MMR); chicken pox (varicella) or history of the disease; and tetanus / diphtheria

Signature

Date

Academic Advisor Request:

- 1. Please provide a brief letter of recommendation stating the students' academic standing
- 2. Please state the academic necessity of the students request for a shadow experience.

Please return to: Amanda Junttila, Medical Education Coordinator, [ajunttila@kh.org](mailto:ajunttila@kh.org) 208-625-6029