Application for Observation

***Save to a PC. Click your cursor in the first blank and type. Then tab and type to the end. Complete by hand as a last resort. All sections MUST be completed. Incomplete applications will be declined & returned.***

Legal Name        M  F      \_\_\_\_\_

Last Name, First Name and Middle Initial Date of Birth (MM/DD/YY) Preferred Phone

Address

Street, City, State, Zip Code Preferred Email

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

Emergency Contact Name Relationship Phone Number

**Reason for Shadowing Request:**

Current Carilion Employee \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee Badge Number)

Hour Requirement for School/Program Application \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School & Program

General Interest

**Requested PROFESSION (RN, NP, PA, etc.) and DEPARTMENT (ED, Ortho, Pediatrics, etc.):**

## 1st Preference: Profession       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 2nd Preference: Profession       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 3rd Preference: Profession       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 

## **Requested FACILITY - (Number top three choices in order of preference):**

\_\_ Carilion Roanoke Memorial Hospital (CRMH)

\_\_ Carilion Community Hospital (CRCH) \_\_ Carilion Giles Community Hospital (CGCH)

\_\_ Carilion Franklin Memorial Hospital (CFMH) \_\_ Carilion Rockbridge Community Hospital (CRBH)

\_\_ Carilion New River Valley Hospital (CNRV) \_\_ Carilion Tazewell Community Hospital (CTCH)

\_\_ Carilion Children’s (Tanglewood) \_\_ Institute of Orthopedics and Neurosciences (ION)

\_\_ Other:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requested DATES & TIMES** *Please list very SPECIFIC availability you have to shadow, including dates or days of the week with arrival and departure times below. Check email frequently, including Spam and Junk folders.*

**For Pre-Arranged Shadow Visits (If a Carilion employee has agreed to let you shadow (pending VSA approval), complete this section.) *The earliest date must be at least one week after complete shadowing application is submitted to VSA*.**

Employee’s Name       Unit/Department

Dates and Times Agreed on (Must include a start and end date)

**Please let VSA know if there are any personal health issues that could potentially require medical attention during your shadowing experience, so arrangements can be made prior to appointment.**

***For Office of Visiting Student Affairs (VSA) Use ONLY..***

Date Application Received in VSA

Approved Preceptor & Unit/Department

Date(s) of Approved Shadow Appointment

Date Application Finalized \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised June 2022