CARILION CLINIC

Visiting Medical Student Observation/Shadow Application

PRINT LEGIBLY or complete on-line.

Name _____ ☐**M or** ☐**F** _____ _____
First Middle Last Medical School Email Address Mobile Number

Address _____ _____ _____
Street, City, State, Zip Code Last 4 digits of SSN Birthday (MM/DD/YY)

CITIZENSHIP/VISA STATUS Check One (Not Optional)

☐ Native-Born US Citizen
☐ Naturalized US Citizen
☐ Permanent Resident
☐ B1, B2 Temporary Visa
☐ F1 Student
☐ J1, J2 Exchange Visitor

Emergency Contact _____
Relationship _____
Phone Numbers _____

ATTACH PASSPORT-TYPE PHOTO HERE

Check those that apply: ☐**MS1** ☐**MS2** ☐**MS3** ☐**MS4**

_____
Medical School Location (City, State, Zip Code)

Clinical Office Contact _____ Phone _____ Email _____

1. Select One of the Following Options

☐ If a Carilion staff member has already agreed to let you shadow, fill in each blank here and send the completed packet so that Visiting Student Affairs has it at least 15 days prior to the first date listed in the date section below.

Preceptor's Name _____ **Phone** _____ **Email** _____

_____ _____ _____
Practice Name and Location Office Contact Phone

☐ If you want Visiting Student Affairs to find a staff member for you to shadow, fill in each blank here and send the completed packet so that Visiting Student Affairs has it at least 30 days prior to the first date listed in the date section below.

Requested departments or areas of interest: _____

At any of these facilities:
☐ Carilion Medical Center, Roanoke
☐ Carilion Franklin Memorial Hospital
☐ Carilion Rockbridge Community Hospital
☐ Carilion New River Valley Medical Center
☐ Carilion Giles Memorial Hospital
☐ Carilion Tazewell Community Hospital
☐ Other _____

2. Select Preferred Dates/Times (List several dates allowing sufficient time to meet the date restrictions on the cover letter.)

_____, ☐ and ☐ or _____, ☐ and ☐ or _____, ☐ and ☐ or _____

- **Incomplete applications will be returned to the applicant.**
- **All arrangements must be coordinated through Carilion's Visiting Student Affairs Office.**
- **Do not make plans to shadow before receiving confirmation by email from the Visiting Student Affairs Office.**
- **Students may shadow only as stated on the confirmation.**

ENCLOSE THESE DOCUMENTS

☐ Letter of Good Standing from school or program
☐ Carilion Immunization Record
☐ Carilion Access & Confidentiality Agreement
☐ Carilion Student Participation Agreement
☐ Carilion Observer Guidelines
☐ Proof of Health Care Coverage (photocopy both sides of your health insurance card)

M4S, IF YOU ARE INTERESTED IN RESIDENCY AT CARILION, ENCLOSE THE FOLLOWING.

☐ Copy of Transcripts
☐ Copy of USMLE or COMLEX Scores

I CERTIIFY THAT THE INFORMATION SUBMITTED ON THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____ _____
Signature Date Print Your Name

Send completed application packet to VisitingStudentAffairs@carilionclinic.org