

Application Instructions

Safari Users

- Fill out the forms electronically using Safari web browser and save the document
- How to save PDF File
 - File > Save As
 - File > Export PDF
 - Print > Save as PDF (usually located below print preview image)
- You can also just download the form and fill out the PDF document using Preview or any other PDF application.

Firefox and Chrome Users

- Download the form and fill out the application using a PDF application
- You can also fill out the application using your web browser, however, you must do a 'Print Preview' and save the preview images as a PDF to save the document

What if I can't electronically fill out the applications from the instructions above?

- Print the forms, fill out the applications by hand, and scan the documents

How to electronically sign the application

- Simply type your name followed by your NSHE number
- Example: John Smith 123456789

For questions regarding the content and requirements of the application, please contact the Physician Shadowing Committee at aedunlvps@gmail.com

If you are having technical difficulties with application download and submission, please contact the Webmaster at aedbetawebmaster@gmail.com

ALPHA EPSILON ΔELTA

Physician Shadowing Program Student Packet

**To participate in the Physician Shadowing Program,
please complete the following checklist.**

To request a shadowing experience:

- Read and complete Student Agreement
- Read and complete Student Liability Waiver
- Read and complete Request Form
- Complete HIPAA
<http://rms.unlv.edu/training/HIPAA/>
- Send the completed packet (Request Form, Student Agreement, Student Liability Waiver, and HIPAA certificate) to the official AED Physician Shadowing
Email: aedunlvps@gmail.com
- Complete the bottom portion of the checklist upon completion of your shadowing experience

Upon completion of shadowing:

- Notify the physician and the Physician Shadowing Committee of your intention to finish your shadowing experience at least 2 weeks before your final day so a new student may take your place
Email: aedunlvps@gmail.com
- Notify the Physician Shadowing Committee on your last day of shadowing to confirm the completion of your shadowing experience
- Write a hand-written Thank You letter to the physician(s) you shadowed and any support staff that were instrumental in your learning (P.A.s, office workers, nurses, etc)



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Physician Shadowing Program Request Form

Name: _____ Date: _____ Phone Number: _____

E-mail address: _____

Class Standing: _____ Previous Physician Shadowing Experience: _____

When will you begin applying to graduate school? _____

Field of Interest (Choose One):

- Medicine Check One: M.D. D.O. No preference
 Dentistry
 Optometry
 Veterinary Medicine
 Physician Assistant
 Other: _____

Preferred Area of Town: _____

Availability (List all available hours; actual shadowing hours will be fewer):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Start Date: _____

Expected Completion Date (may be adjusted later): _____

OFFICE USE ONLY:

- Active Membership Status Confirmed
- Student Agreement Signed
- Liability Waiver Signed
- HIPAA Certificate Received
- Orientation Completed
- Interview Completed

Priority Number: _____ or Wait List Number: _____

Assigned Physician: _____

Official Start Date: _____ Official Completion Date: _____

Day(s) of the week and hours of shadowing: _____

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Physician Shadowing Program Student Agreement

I, _____, acting as a representative of Alpha Epsilon Delta, agree to:

1. Maintain strict confidentiality of all patient and clinic information that I may be introduced to while shadowing a physician.
2. Act in a professional manner and to follow all rules, instructions, and guidelines of the clinic/hospital in which I am attending.
3. Attend any and all scheduled shadowing opportunities that I have committed to.
4. Inform the physician's office if I cannot make an appointment due to an emergency.
5. Inform the current AED Physician Shadowing Officer of any appointment changes/cancellations, future planned shadowing opportunities, or other information regarding the program.
6. The Physician Shadowing Committee will be in touch with my physician to discuss my performance.
7. I will have a Thank You letter ready by my first day.
8. No Call/No Show = Expulsion from AED.
9. Tardiness is not acceptable.
 - 1st Offense: Verbal Counseling by Sergeant at Arms.
 - 2nd Offense: Memorandum for Record signed by Sergeant at Arms and Student.
 - 3rd Offense: Reassessment of commitment to program.
10. Uphold the values and expectations of Alpha Epsilon Delta.

I understand that if I fail to follow any of the above guidelines or breach confidentiality of any patient information that I will not be allowed to participate any further in Alpha Epsilon Delta's Physician Shadowing Program.

I have read and agree to the preceding guidelines.

Member Signature: _____

NSHE Number: _____

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Physician Shadowing Program LIABILITY WAIVER

Organization: Alpha Epsilon Delta – Nevada Beta Chapter

Program: Physician Shadowing

Name of Participant: _____

I, the undersigned, agree to release and hold harmless the University of Nevada Las Vegas, its faculty, and students; Alpha Epsilon Delta, its employees, members, and officers; and any physician, clinic, hospital, and their respective staff from any and all liability for any damage, loss, expense, or injury that may incur throughout my participation in this program.

Member Signature

Date

Member Name, Printed
