

Physician Sign Up For Student Shadowing Program

Physician Name: _____

Location of Current Practice: _____

Tentative Start date: _____

Upon Submitting this form, a survey will be sent to you asking for a time schedule of possible days you are available for student shadowing. We will also ask how you would like to be contacted for when the student is scheduling an observation, whether that's through the personal contact, clinic manager, Charge Nurse, receptionist, etc.

Physician Biographical Information

Your Email: _____

Your Address of Practice (City/ Zip): _____

Specialty: _____

Tentative Availability (days/ times of the week):

This is just an approximation of the times in your schedule that you'll have open on a consistent basis for student shadowing. If timing fluctuates regularly, just leave this section blank.

Any comments, specific student requests, or aspects of your practice you wish to disclose to the Society before student pairing?

Please Read and Sign Below:

- I understand that the observational activity involves no required additional teaching or explanation to the student, and that the period of observation should not infringe on your practice.

- I understand that the student observer, regardless of background and training, may not preform or assist in any medical procedures or patient interactions. Their sole purpose is to observe me as I preform various aspects within my practice.
- I agree to hold harmless King County Medical Society from any present and future liability and/ or damages or injuries arising from or growing out of this observational experience.
- I have read and acknowledged the Student Policy Form and I understand what expectations the students should follow while participating.

Listed is a section from the Student Policies and Agreement form that involves physicians:

- Students upon acceptance into King County Medical Society Student Shadowing Program agree that they are allotted a maximum of **20 hours** of physician observation oppertunities. After 20 hours of shadowing, the student will graduate from the Student Shadowing Program and will no longer be able to use its resources, but can still keep observing Physicians apart of King County Medical Society if the physician is in agreement.
- Students are given a **maximum of 10 hours** per one physician over several shadowing experiences, unless the physician agrees to increase this set number of hours.
- It is up to the physician's discretion to allow or disallow students to continue shadowing their practice.
- The Physician and/or hospital staff are at no point obligated to complete letters of recommendations or referrals during or after the shadowing period.

Physician's Signature

Date

**Upon completion of this Application, please send finished form to Brett Jones:
bjones@kcmsociety.org**