



King County Medical Society Student Shadowing Policies

Application Requirements

Pre-Requisites

1. Students must be an undergraduate student currently enrolled at an accredited college or university in Washington State.
2. Students must be *at least* in 'Junior' standing (or the third year of one's degree program with sufficient amount of credits).
 - a. Exceptions may be made at the discretion of King County Medical Society's staff based on advisor recommendation.
 - b. Graduates with BA/BS can also apply.

Application Steps

1. Fill out the Student Shadowing Application
 - a. The form is formatted to be filled out online. To submit it, save the completed PDF to your computer and attach it in an email.
 - b. Alternately, you may choose to print and complete the form by hand. To submit it, either scan and email or send via mail.
2. Submit all materials to Brett Jones/ Reed Belcher.
 - a. **Email:** studentshadowing@kcmsociety.org
 - b. **Mail:** King County Medical Society, Attn: Student Shadowing, 200 Broadway, Seattle, WA 98122

Only fully complete applications will be considered.

Be aware that certain practices may require their own application and registration forms.

If Approved

1. If your application is approved, you will be notified of your acceptance into the King County Medical Society's Student Shadowing Program via email (using the email address you provided in your application).
2. You will be sent a survey of the medical specialties you are interested in.
 - a. Every effort will be made to match you with a physician who practices the specialty you indicate. If this is not possible, you will be notified and matched with a alternative.
3. We will then send you the physician's contact information.
4. **It is your responsibility to contact the physician and set up your shadowing/observing experience** in a professional manner through the guidelines King County Medical Society provides.

If Denied

If your application is denied, you will be told why and will be provided with a recommendation for next steps. You will be able to apply again the following quarter.

Participant Policies

- Students upon acceptance into King County Medical Society Student Shadowing Program agree that they are allotted a maximum of **20 hours** of physician observation opportunities. 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 continue observing Physician members of King County Medical Society if the physician is in agreement.
- The Student is required to inform the Program Manager about the amount of hours they plan to observe with a selected physician.
- 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.
- After the student submits his/her choices for specialties they wish to shadow, the Student Shadowing Program Manager will match the student’s choices with the physicians in those specialties that are available. If none of the student’s choices can be filled, they will be matched with the first available physician. The Student Shadowing Program Manager is under no obligation to match specific needs.
- Students must show proper communication etiquette via phone or email. This includes drafting professional emails and responding to phone calls and emails in a timely manner.
 - Students are advised to send a written Thank You note to the physician’s office after the shadowing experience.
- The Physician and/or hospital staff are at no point obligated to complete letters of recommendations or referrals during or after the shadowing period.
- Inappropriate behavior from any student can result in **removal** from the Student Shadowing Program under the discretion of the Program Manager.
- As stated in the Application and Agreement form, distribution of any information regarding the physician you are shadowing without pre-approval from them will result in **immediate removal** from the Student Shadowing Program

If you have any questions regarding the Student Shadowing Agreements or Policies, please reach out to the Program Manager at studentshadowing@kcmsociety.org.

I, _____, acknowledge that I have read and agreed to the King County Medical Society’s Student Shadowing Program Policies. Furthermore, I understand that by infringing on the rules set in place, I leave myself at the discretion of the King County Medical Society staff to be removed from the Student Shadowing Program.

Signature **Date**