



ST. LUKE'S

OBSERVATION/SHADOWING REQUEST FORM

If you wish to observe/shadow a healthcare professional, please follow the steps listed below. This form is **ONLY** if you are planning to observe/shadow in the hospital for less than 40 hours.

- Complete Observation/Shadowing Request Form
- Contact department that you are interested in observing/shadowing (see below)
 - Receive times, dates, and employee name for observation
 - Obtain signatures from employee you are observing and supervisor of department. If observing a physician, obtain their name and signature.
 - Return to appropriate departments listed below, along with signed Observation/Shadowing Attestation Form, after viewing Clinical/Non-Clinical Orientation Module.

Note: If under age 18, a parent/guardian will need to sign this form and Attestation form in the designated areas.

This must be returned no later than seven (7) business days prior to day of observation/shadowing experience. Late requests will not be accepted.

Nursing Areas Only

Patient Care Services

Phone: 419-893-5965, 419-893-5938

Fax: 419-891-8034

Email:

studentintake@stlukeshospital.com

Other Clinical Areas:

Contact main phone number and ask for the department that you are interested in.

Phone: 419-891-5911

Physician Areas

Medical Staff Services

Phone: 419-893-5917

Fax: 419-891-8084

Non-Patient Care Areas

Human Resources

Phone: 419-893-5936

Fax: 419-891-8034

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____

School or Organization: _____ Education Major (if applicable): _____

First day of observation: _____ Last day of observation: _____

Department you would like to observe/shadow: _____

Signature of person requesting observation/shadowing experience: _____

An Observer ID badge will be issued on the day of your observation/shadowing experience. The badge will be issued, only after the above-mentioned forms are complete, and received by your observing department within the 7 business days requested. Contact your observing department on where you will pick up this badge.

To be completed by McLaren St. Luke's:

The above applicant will be observing/shadowing the below employee in the requested department:

Employee Printed Name: _____ Employee Signature: _____

Department Supervisor or Physician Printed Name: _____

Department Supervisor or Physician Signature: _____

(This cannot be same person that student is observing/shadowing with unless physician.)