

Evidence of a Job Shadow Experience

Experience should be in an acute care setting (hospital) with a nurse working as an RN.

As a representative of Missouri State University, you are expected to behave in a professional manner throughout this shadowing experience. Your dress and appearance should be clean and appropriate for your clinical site. Generally, students wear a polo style shirt and khaki or black pants with closed toe shoes. Do not wear scrubs or name badges that represent your workplace or any entity other than Missouri State University. The shadowing experience should be observation only. This means that you will not participate in any type of direct care with patients or their families.

Once you have chosen your facility, contact the Human Resources Department for specific instructions on organizing your experience. Each facility has a protocol and required documentation for allowing students to participate in job shadowing.

Part 1: To be completed by the applicant

Full Name:

Last (Include Maiden if applicable) First M.I.

Date of Shadow
Experience:

A minimum of 8 hours is required. It is best if all 8 hours are performed in one day.

Facility and Unit:

Must be an acute experience in a hospital.

Facility Contact
Information:

Name of contact person/Human Resource Representative

Phone Address

Part 2: To be completed by the Registered Nurse

RN Full Name:

Last First M.I.

Job Shadow hours
completed by student:

Signature of Registered Nurse:

Comments:

Evidence of Relevant Experience (include as many copies as needed)

Indicate all experience in appropriate sections. If additional pages are needed, make a copy of this form and attach it to this page. Experience may not satisfy multiple sections. Experience may count from high school to present.

LIST PREVIOUS HEALTHCARE EXPERIENCE IN CHRONOLOGICAL ORDER: Job shadow experience does **not** count as healthcare experience.

Organization	Roles/Responsibilities	Total Number of Hours	Contact Name/Phone
Grand Total Number of Hours			

LIST PREVIOUS COMMUNITY SERVICE IN CHRONOLOGICAL ORDER:

Organization	Roles/Responsibilities	Total Number of Hours	Contact Name/Phone
Grand Total Number of Hours			

LIST PREVIOUS LEADERSHIP EXPERIENCE IN CHRONOLOGICAL ORDER

Organization	Roles/Responsibilities	Total Number of Positions	Contact Name/Phone
Grand Total Number of Positions			