

Job Shadowing / Clinical Experience Request Form

PMSI's job shadowing program allows high school seniors (age 17+) and college students who are planning a career in a health care field to observe the responsibilities and duties of medical office personnel, nurse practitioners, physician assistants, and physicians.

To request to shadow or complete clinical hours at PMSI complete the request form below and we'll reach out to you. Your request is not approved until we confirm with you, this is not a guarantee of placement.

CONTACT INFORMATION:

Email Address:	Student Name:	Date of Birth://
High School/College/University:	Email Address:	Telephone:
Program/Major: Are you currently enrolled in the above listed College/University? Please confirm which best fits your request: Job Shadowing Clinical Experience (ie. Pre-Med) Clinical Rotations Additional Information regarding your needs for this experience: Department and title or role you prefer to shadow: Please provide your anticipated start and stop dates: Is there a required number of hours? If so, please include amount:	Address:	
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Is there a required number of hours? If so, please include amount:		
What is the goal of your time here at PMSI whether through job shadowing experience or clinical		
rotation:		

Have you contacted a PMSI employee who I provide their name and location:			
Location you may prefer to shadow:			
Collegeville Family Practice	Spring-Ford Fan	nily Practice	
Stowe Medical Group	Brookside Family Practice & Pediatrics		
Rheumatology Division	Pulmonary Division		
Boyertown Medical Associates	Pain Medicine Division		
Education Department	Registered Dietician		
Neurology			
IN CASE OF EMERGENCY:			
Contact Name	Telephone	Relationship	
1			
2			
Personal Primary Care Provider			
Name:	Telephoi	ne:	

Please note that we can provide this experience to a limited number of students. We are requiring that necessary clearances be obtained by the student prior to starting their time at PMSI.

Further information will be provided on what is required and how to obtain upon confirmation and scheduling of shadowing or rotation.

We require that this request be submitted at least 4 weeks prior to your requested timeframe.