

Shadowing/Observation Experience

One form required per experience. All permissions are required *prior* to experience.

Section 1: To Be Completed by Student

I, _____
Student Name

MS1 DMC
 MS2 EL
 MUC

am requesting permission to complete a Physician Shadowing Experience in the specialty of _____

Contact #: _____ Email: _____

- **DMC/MUC students: take form to the Student Services Representative at your site's Administrative Office**
- **East Lansing students: take form to the COM Office of the Registrar, C110 East Fee Hall**

Section 2: To Be Completed by MSUCOM

This is to verify that the above named student is currently enrolled as a student in good academic standing at the Michigan State University College of Osteopathic Medicine. All immunizations are up-to-date and the student has undergone HIPAA and annual OSHA training in Universal precautions. This student is enrolled at MSU and is covered by the University's malpractice insurance policy (which is self-insured) and can exceed the \$1,000,000 limit if necessary. Further, this student is either automatically enrolled in a student health insurance plan as part of their tuition payment to the University or a confirmed personal health insurance plan. The above student has College approval to complete a shadowing experience (observation) at your hospital/clinic.

Eligibility Verification: _____
MSUCOM Representative Email Address

Section 3: To Be Completed by Department or Physician

Shadow _____ Shadow _____
Date: _____ Location: _____ Clinic Hospital

Supervising Physician Name (please print): _____

MSU Alumni Mentor _____
Department or Physician Signature

Section 4: To Be Completed by Hospital

Medical Education Office – please sign below indicating approval for the above named student to Shadow at your facility for the dates listed and return the form to the MSUCOM representative listed above via email or fax. Thank you.

Signature Title Date

Student is responsible for ensuring form is returned to MSUCOM site after all required signatures are obtained

Shadowing/Observation Experience Form Process Procedures

Forms:

Students must complete one form per experience and take to their Student Services Representative / Student Support Associate at their site.

Section 1:

Complete and take form to:

- DMC / MUC students: Student Services Representative in your site’s Administrative Office
- East Lansing students: Student Support Associate in the COM Office of the Registrar, C110 East Fee Hall

Section 2:

Verification of student’s eligibility status including compliances authorized by College as noted in section 1.

Section 3:

- A. Students shadowing a physician in the following MSU clinics, will take form to the Department for scheduling after eligibility verification is granted in section 2.

Department	Contact	Contact Information
Family Medicine	Ms. Rebecca Reagan	517.353.3100 West Fee Hall, Room 545
Neurology	Ms. Krista Leiter Ms. Anita Parkhurst	517.432.9277 Clinical Center, Room B401
Pediatric	Ms. Rebecca Reagan	517.353.3100 West Fee Hall, Room 545
Psychiatry	Ms. Callie Langenderfer	517.353.9245 East Fee Hall, Room A236B
Radiology	Ms. Chris Griggs	517.884.3233 Radiology Building, Room 117

- B. Students shadowing a physician in the following department specialties will schedule their shadow experience directly with the Department clinic / physician.

Department
Osteopathic Manipulative Medicine
Osteopathic Medical Specialties
Osteopathic Surgical Specialties
Physical Medication and Rehabilitation

Section 4:

Students who would like to shadow a physician in a hospital, will be required to have approval from the Medical Education Office of that hospital. Students may want to work with their Student Services Representative or Student Support Associate for assistance in obtaining hospital approval.