

**Clinical Faculty Shadowing Program
Shadowing Hours Completion Form**

Student Name: _____

Class: _____

Dear Clinical Faculty:

The Clinical Faculty Shadowing Program of NWSM is an excellent opportunity for undergraduate medical students to learn about the various specialties in medicine and allied; and surgery and allied and to guide them in their career planning. It is required that students keep a track of hours spent shadowing. Students will record below the hours spent shadowing with you and we ask for your help by signing to confirm these hours. At the end the Clinical Faculty is requested to write their comments about the student's overall performance in the shadowing experience under your supervision.

| Date | No. of Hours Shadowed | Clinical Faculty Name | Specialty/Discipline | Clinical Faculty Signature |
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Total number of hours shadowed: _____

Shadowing Clinical Faculty Comments

Clinical Faculty # 1:

Name: _____

Signature: _____

Clinical Faculty # 2:

Name: _____

Signature: _____

Clinical Faculty # 3:

Name: _____

Signature: _____

Clinical Faculty # 4:

Name: _____

Signature: _____

Clinical Faculty # 5:

Name: _____

Signature: _____

Clinical Faculty # 6:

Name: _____

Signature: _____