

DOCUMENTATION OF SHADOWING EXPERIENCE

The Anesthesiology Program requires that every applicant be familiar with the practice of anesthesia and the operating room environment. All applicants, regardless of professional experience, will have to arrange to spend at least one day with an anesthetist or anesthesiologist in an operating room observing the administration of anesthesia and other patient care activities.

APPLICANT

- Complete this page above the bold line.
- Enter your full name: _____
- I have spent at least 8 hours with an anesthetist or anesthesiologist in the operating room observing the administration of anesthesia on (date) ____/____/____.
- Enter the name, hospital, address, and phone number of the person responsible for the activity which you checked:

Name: _____

Hospital: _____

Address: _____

Phone: (____) ____ - _____

- When you print out this application document, provide a copy of this page to your preceptor or supervisor.
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PRECEPTOR OR SUPERVISOR

- Please sign below to acknowledge the anesthesia-based exposure which the applicant has checked above.
- Please return this form to that individual for inclusion in their application.
- Please date and sign this form:

Signature: _____

Date: ____/____/____