

Southeast Nebraska Area Health Education Center

JOB SHADOWING

2009

Southeast Nebraska Area Health Education Center is proud to provide interested students with opportunities to learn about healthcare careers first hand. Job shadowing through Southeast Nebraska Area Health Education Center (SE-AHEC) gives individuals 16 years and older, the opportunity to observe and learn aspects about the world of work in a health care setting. The experience permits the participant to gain an understanding of a typical day for an employee, and the skills necessary to complete the work required.

Students must submit the job shadowing request form a minimum of 2 weeks before the desired shadowing date and participate in the HIPAA (Patient Confidentiality) training provided by SE-AHEC. This will need to be completed prior to observing in any clinical area and is necessary to safeguard the patient's privacy.

Areas of interest:

- Nursing
- Physical Therapy and Occupational Therapy
- Radiology
- Pharmacy
- Respiratory Therapy
- Physician
- Physician Assistant
- Dentistry
- Clinical Lab
- Health Care Administration
- Public Health
- Others

If you are interested in an area not mentioned above please do not hesitate to contact us. Please note not every area of the health system will allow shadowing. Sites not included may be: Intensive Care Units, Burn Units, Surgery Departments and Adult Crisis Units.

Policy

Requests for job shadowing experiences by high school students in their sophomore, junior or senior year and college students will be coordinated by SE-AHEC in collaboration with the school, hospital or other provider location.

**SOUTHEAST NEBRASKA AREA HEALTH EDUCATION CENTER
JOB SHADOW APPLICATION**

Student Name: _____

Date of Birth: _____ Last four digits of SS# _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____

Phone: _____ Email address: _____

School Attending: _____

Grade Level: _____ Sophomore _____ Junior _____ Senior _____ College

School Address: _____

City: _____ County: _____

State: _____ Zip: _____

Counselor's/Teacher's Name: _____

Best day of the week: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Best time of the day: _____ Morning _____ Afternoon

Shadowing Date and Time Requested: _____

Shadowing Interests:

- | | | |
|---------------------------------|----------------------------|---------------------|
| _____ Nursing | _____ Radiology | _____ Public Health |
| _____ Pharmacy | _____ Occupational Therapy | _____ Clinical Lab |
| _____ Physical Therapy | _____ Respiratory Therapy | _____ Other |
| _____ Physician Assistant | _____ Physician | |
| _____ Healthcare Administration | _____ Dentistry | |

If other please specify: _____

Participant's Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

