I, ________________________________, UNDERSTAND AND AGREE to the following:

(Printed Name)

(INITIAL BESIDE EACH ITEM CONFIRMING THAT YOU READ AND UNDERSTAND THE REQUIREMENT)

________ I am **REQUIRED** to Return my **SHADOWING BADGE** to the HPAO (NOT Card Services!) by **4:00 pm on Tues., August 20, 2024**. (Badges are retained by the HPAO, then re-issued upon future approval.)

________ I am **REQUIRED** to notify the HPAO immediately if I am no longer shadowing. I understand that there could be penalties for being approved to shadow, yet not completing the process. I also understand that I am still required to upload an incomplete Physician Signature Log and Activities Tracking Form, in addition to a paragraph explaining while the minimum requirements were not met.

________ I am **REQUIRED** to wear/display my “Observational Student” shadowing badge every time I shadow AND to dress professionally and conservatively.

________ I am **REQUIRED** to shadow a MINIMUM of 4 times OR 8 hours during the semester.

________ I am **REQUIRED** to have the Physician Signature Log (provided by the HPAO once approved to shadow) **SIGNED** by the physician at the conclusion of each shadowing session. (Students may not sign on the physician’s behalf.) I must also upload the Physician Signature Log (including signatures) to my REDCap Shadowing Record by **4:00 pm on Tues., August 20, 2024**. **I must keep a copy of the log for my records.**

________ I am **REQUIRED** to complete the Activities Tracking Form (found in the REDCAP Shadowing Record) and **save a copy for my records**. I must also upload the completed Activities Tracking Form to my REDCap Shadowing Record by **4:00 pm on Tues., August 20, 2024**.

________ I am **REQUIRED** to email or hand-deliver a note of appreciation to my physician mentor expressing my gratitude for the opportunity, and I will upload a copy of the WELL-THOUGHT-OUT “Thank you” note to my REDCap Shadowing Record by **4:00 pm on Tues., August 20, 2024**.

________ Failure to abide by this agreement could result in being **PROHIBITED** from any future shadowing at Vanderbilt and/or a HOLD being placed on my student records.

__________________________________________              __________________________
(Signature)                                                                                    (Date)