

Bethel Physician Assistant Program

SHADOWING FORM

Please only complete this form if you have NOT uploaded your shadowing hours to CASPA!

Please remember that prospective students must complete of a minimum of 40 hours shadowing with a Physician Assistant-Certified (PA-C).

Upon completion of your shadowing experience, please have the provider with whom you shadowed, sign this form & use one Shadowing Form, per medical provider.

Prospective Student Name (Print): _____

DOB: _____ Address: _____

Type of Practice Observed: _____

MD/DO/PA/NP Name (Print): _____

MD/DO/PA/NP Signature: _____

MD/DO/PA/NP Work Number: _____

MD/DO/PA/NP Work Address: _____

MD/DO/PA/NP E-mail Address (optional): _____

Date of Visit: _____ Shadowing Hours: _____

Date of Visit: _____ Shadowing Hours: _____

Date of Visit: _____ Shadowing Hours: _____

Date of Visit: _____ Shadowing Hours: _____

Date of Visit: _____ Shadowing Hours: _____

PAGE 1 TOTAL NUMBER OF SHADOWING HOURS: _____

Date of Visit: _____ **Shadowing Hours:** _____

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