**MIDDLEBURY COLLEGE**

**Clinical Shadowing Application**

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| --- | --- |
| First Name: | Last Name: |
| Phone: ( ) | E-mail: |
| Major(s): | Class Year: |

What’s prompted you to seek out a shadowing opportunity at this time?

Please detail your previous clinical/shadowing experience (how much, when, and with what type of provider).

Have you explored other shadowing options, perhaps at home with family, neighbors, friends, etc.?

Do you have consistent, reliable access to a vehicle?

Is there anything else you would like us to know when considering your application?