

West Virginia University Hospitals Job Shadow Program Acknowledgment

Participant Name: _____ Phone Number: _____

Email: _____ Participant's Address: _____

Position and Department of Job Preview _____

I agree to participate in the Job Shadowing Program with WVU Hospitals. In order to participate in the Job Shadowing Program, I agree to the following terms and conditions of the program:

- Job shadowing is limited to a one-time observation experience;
- The duration of the job shadowing experience will not exceed 8 hours;
- The job shadowing experience is observational and direct patient contact is *expressly prohibited*;
- It is imperative that the participant remain with the supervisor at all times;
- The participant agrees to follow the instructions of the supervisor;
- Pursuant to the Confidentiality and Security Agreement, the participant agrees that the participant will not access confidential information, including protected health information;
- The participant agrees to comply with the Standards of Behavior at all times during participation in the Job Shadowing Program and other policies, rules, procedures and protocols as deemed applicable by the participant's supervisor;
- Failure to comply with the Standards of Behavior or engaging in disruptive conduct or otherwise unprofessional conduct may result in immediate termination of the job shadowing experience;
- A professional appearance is expected at all times when participating in the Job Shadowing Program;
- A Job Shadow I.D. badge must be worn at all times and must be visible at chest level; and
- The participant agrees to abide by applicable infection control procedures at the direction of the supervisor.

I understand that failure to comply with the above conditions, the requirements of the Job Shadow Program set forth in the Job Shadow Overview, or any instructions provided by the supervisor may result in dismissal from the job shadow experience.

Participant Acknowledgment:

Name

Signature

Date

If under 18 years of age, notarized signature of parent or legal guardian is required.

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Date

STATE OF _____ COUNTY OF _____, ss.:

On this day, personally appeared before me

_____,
to me known to be the person(s) described in and who executed the within and foregoing
instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for
the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

this _____ day of _____, _____.

Notary Public in and for the State of _____

My commission expires _____.