

## **Application for Medical Career Experience**

Please complete this form and submit to the Department of Academic Affairs. Please submit via email to <a href="mailto:group.academic.affairs@pvhmc.org">group.academic.affairs@pvhmc.org</a>.

Requestor First Name:	Requestor Last Name:				
Phone: Email:					
Street Address:	City:	Zip:			
Emergency Contact Name:	Emergency Contact P	hone:			
Current Education Level:   High school	□ College □ Grad School □	Other			
Current School Name:	Degree Program:				
Name of Physician or Healthcare Profes					
Scheduled date(s) of shadowing:					
Purpose of shadowing:					
opportunities. Also, between October 1 and clearance items (Hep B, Varicella, tDap) are Please attach documentation of each co	e encouraged, but not required.	Additional health			
Date of most recent TB clearance (requi	ired):				
Date of most recent flu shot (required O	ctober 1 through April 30):				
Date of most recent MMR vaccination or	r positive titer (required):				
Date of most recent Hep B vaccination of	or positive titer (optional):				
Date of most recent varicella vaccination	n or positive titer (optional):				
For office use only:					
☐ Approved by Physician or Healthcare Pro	fessional? Yes □ No □	(initials)			
☐ Approved by Department of Academic Aft	fairs? Yes □ No □ (initi	ials)			

After completion of your Medical Career Experience, please provide a brief review of your learning experience. Please include comments on what you felt was the most productive part of the learning experience, and also include any feedback on how we can improve the experience for future learners.							

## Medical Career Experience and Organized Clinical Education Manual<sup>1</sup>

<u>Medical career experience</u> is available at PVHMC to qualified individuals with a possible interest in the medical profession. Participants must be at least High School Juniors in good academic standing and must have a provider on the Medical Staff who has agreed to serve as their Supervising Medical Staff Provider. They must complete a brief orientation provided by the Office of Academic Affairs and must comply with all orientation and PVHMC requirements and regulations. After receipt of orientation certification, security personnel will provide participants with a guest pass, identifying them as a guest of the Supervising Medical Staff Provider.

- Medical career experience participants will be allowed to observe directly the interaction between the Supervising Medical Staff Provider, patients and PVHMC associates.
- Medical career experience participants will be introduced to each patient who is to be observed, at which time each patient shall have the right to refuse to be observed.
- Medical career experience participants will not be allowed independently to interview or to examine any patients.
- Medical career experience participants will not be allowed to observe any procedures that require aseptic access or any invasive (breast, genital or rectal) exams.
- Medical career experience participants will not be allowed access to medical records and they must maintain all
  confidentiality requirements outlined during the orientation.

<sup>&</sup>lt;sup>1</sup> As listed in the Pomona Valley Hospital Medical Center Medical Staff Bylaws; Medical Career Experience and Organized Clinical Education Manual. Revised September 2018.