



Shadowing Student Application

All students shadowing on or after February 14th, 2022 will be required to show proof of COVID-19 vaccination OR receive an approved Medical or Religious Exemption, exemptions must be approved by RiverStone Health Staff (we will not accept other exemptions). Please let us know if you need an exemption form to submit for review. For more details about this rule please contact Nikole Bakko at 406-247-3284 or Nikole.bak@riverstonehealth.org *

Name: _____ Today's Date: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Please specify which type of healthcare professional(s) you would like to shadow:

- | | | |
|--|--|--|
| <input type="checkbox"/> Dental | <input type="checkbox"/> Family Medicine, DO | <input type="checkbox"/> Family Medicine, MD |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Other: _____ | |

Date you wish to start: _____ Hours needing to complete: _____

What days work for your schedule? (M-F, Morning (8-12) or Afternoon (1-5)):

Please note that hours in the main clinic will be limited due to other medical students completing required rotations and to keep aligned with COVID-19 Regulations. (One ½ day per week)

What days absolutely won't work with your schedule?: _____

What are your objectives of this experience? (Observation, requirement, school project, etc.)

#1) Age Requirement: All shadow students must be over the age of 16 (18 under must have parent/guardian permission). No student under the age of 18 may shadow in the RiverStone Health Clinic for confidentiality concerns, under 18 may shadow other departments per approval. Birthdate: _____

#2) Healthcare Career Aspirations: What are your healthcare career plans?: _____

#3) What is your previous experience with primary care and care of underserved populations? _____

#4) RiverStone Health Connections. Did anyone from RiverStone Health refer you to our shadowing program? _____

By checking this box, I agree to share my contact information with RiverStone Health Human Resources for future job opportunities.

#5) If you are CURRENTLY enrolled in a school and need hours for a class or course please complete:

Name of School: _____ Year in School: _____
Class/Course: _____ Hours Needed: _____
Instructor/Advisor Name: _____
Instructor Email: _____

#6) Have you ever been convicted of a felony? Yes No If yes, provide a date and explanation: _____

Required for Demographic (Grant) Use Only:

Gender Identity: _____

Age Range (in years): <20 20-29 30-39 40-49 50-59 60+

Ethnicity: Non-Hispanic Hispanic

Race: _____

Hometown: _____ Is it Rural? _____

1st Generation College Student? Yes No

**Are you the first in your immediate family to attend college?*

I hereby attest that all of the above information is true and complete. I acknowledge that any material misstatements in or omissions from this application may constitute cause for denial of my application for a student experience at RiverStone Health.

Signature of Student (*Typed is acceptable for online forms*)

Date

Signature of Parent (if student is under 18 years of age)
(*Typed is acceptable for online forms*)

Date

Thank you for your interest in RiverStone Health!

Nikole Bakko, Outreach Coordinator
Eastern MT AHEC at RiverStone Health

Nikole.bak@riverstonehealth.org

Office: 406.247.3284