



# Mary Lanning Healthcare

## Job Shadow Healthcare Professional Request

Mary Lanning Healthcare will allow qualified healthcare professionals the opportunity to job shadow in our hospital.

**Requests must be received a minimum of three weeks prior to the requested date.**

Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Professional Degree: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Area Interested in Shadowing: \_\_\_\_\_

- Required to submit a copy of current Healthcare Professional License.

Professional License #: \_\_\_\_\_

**Confidentiality Statement:** I, \_\_\_\_\_ pledge to observe appropriate rules of conduct and maintain confidentiality before, during, and after my shadowing experience at Mary Lanning Healthcare (MLH). As a student considering a career as a health care professional, I understand the importance of confidentiality and will uphold the standards within the profession. In addition, I release the hospital of any liability while I am on hospital grounds and I verify that I have the following up to date immunizations: measles, mumps and rubella (MMR); chicken pox (varicella) or history of the disease; Hepatitis B; tetanus / diphtheria; COVID vaccine or signed declination form.

**Note:** MLH may require proof of vaccines if requested by Employee Health department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**Professional Statement:** Please note goal(s) you hope to obtain from this experience.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:** Carol Hamik, RN, BSN, MSN, CPN, CPST, LSSGB  
Director of Nurse Recruitment and Clinical Outreach  
**Email:** chamik@marylanning.org **Phone:** 402-460-5810