

Bethel Physician Assistant Program

SHADOWING FORM

Please complete this form only if you have NOT uploaded your shadowing hours to CASPA!

Upon completion of your shadowing experience, please have the provider with whom you shadowed, sign this form. One Shadowing Form, per medical provider.

Please email the completed form to BUPAP Admissions: paadmissions@bethelu.edu

Prospective Student Name (Print): _____

PA Name (Print): _____

PA Signature: _____

PA Work Number: _____

PA Clinic/Hospital Name: _____

Date of Visit: _____ **Shadowing Hours:** _____

Date of Visit: _____ **Shadowing Hours:** _____

Date of Visit: _____ **Shadowing Hours:** _____

Date of Visit: _____ **Shadowing Hours:** _____

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TOTAL NUMBER OF SHADOWING HOURS: _____