

# Bethel Physician Assistant Program

## SHADOWING FORM

**Please only complete this form 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 & use one Shadowing Form, per medical provider.**

**\*Remember that prospective students must complete of a minimum of 40 hours shadowing with a Physician Assistant-Certified (PA-C).\***

Prospective Student Name (Print): \_\_\_\_\_

DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Practice Observed: \_\_\_\_\_

PA Name (Print): \_\_\_\_\_

PA Signature: \_\_\_\_\_

PA Work Number: \_\_\_\_\_

PA Work Address: \_\_\_\_\_

PA E-mail Address (optional): \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Shadowing Hours: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Shadowing Hours: \_\_\_\_\_

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**PAGE 1 TOTAL NUMBER OF SHADOWING HOURS:** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_ **Shadowing Hours:** \_\_\_\_\_

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**PAGE 2 TOTAL NUMBER OF SHADOWING HOURS:** \_\_\_\_\_