



Education, Development & Training

## Collegiate Shadowing/Observation Program Application

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

Name: \_\_\_\_\_  
Last First Middle

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

\_\_\_\_\_

City/State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_

College/School: \_\_\_\_\_

Program: \_\_\_\_\_

Please state your areas of interest. Please state your availability/conflicts from May 23 - June 24, 2022.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **St. Tammany Health System Values**

**Teamwork. Trust. Compassion. Quality. Innovation.**



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Please state your reason(s) why you are choosing a career in the health care industry.

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Are there any limitations to your activities?    Yes    No

If yes, explain.

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Emergency Notification:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone numbers

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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I verify that the above information provided is correct to my knowledge and have given my permission for him/her to participate in the Healthcare Careers Summer Program. Any false information may subject him/her to immediate dismissal from the program.

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

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