

1. Date	
2. Name	
3. Address	
4. Telephone number	
5. Alternative number (if applicable)	
6. E-mail address	
7. Are you a current student? (if no, please skip to question 10)	
8. Where are you currently attending school?	
9. What is your student status? (e.g., junior, senior, etc.)	
10. What is your preferred date and time for the shadow experience?	
11. What type of position and area of the hospital would you like to shadow?	
12. What do you hope to gain from this experience?	

Please email this form to Extern-Shadow@chp.edu or fax it to 412.692.6959; Attention: Extern-Shadow Program