

Job Shadowing Request Packet

All four pages of the application must be completed in full and accompanied with a copy of your valid, photo ID and proof of COVID-19 vaccination before a job shadow will be arranged.

Name		
Are you over the age of 18?	Yes	No If no, please provide your age
Mailing Address		
City, State, ZIP		
Phone		
Email		
Emergency Contact Name and Number		
Name of Sending School		
Are you a current Freeman or Ozark Center Employee?	Yes	No
Did you have a flu shot this flu season: October – April?	Yes	No
Have you been fully vaccinated against COVID-19?	Yes	No
Proof of completed COVID-19 vaccination is required with this application.		
Area/Specialty Requested		
Date(s) Requested (Monday – Friday 7:30 am – 4:00 pm)		
Number of Hours Requested		Must be equal to or less than 16 hours, unless your program requires additional hours. Documentation must be provided.
Any additional info we should know such as scheduling conflicts, special accommodations to be made, pre-arranged shadowing dates, etc.		

- Return this completed packet to Professional Development **at least 2 weeks prior** to requested shadow date.
- All pages of your application must be complete with a copy of your photo ID and proof of COVID-19 vaccination included. **E-Signatures are not accepted.**
- Job shadowing hours will be limited to 16 hours in a calendar year (January 1 – December 31), unless additional hours are required as part of a program/degree. Documentation will be required for additional hours to be scheduled.
- Hours and days of job shadowing are generally Monday – Friday 7:30 am – 4:30 pm. Departments may have varying days and times they are open for shadowing.
- Once the shadow is approved, Professional Development will setup a time for you to complete additional requirements at the Human Resources Office. HR will issue a temporary job shadow badge to be worn for the entirety of your shadow. The badge must be returned at the end of the day.
- Proof of identification will be required to be presented at time of obtaining a job shadowing ID badge.
- A mask will be required at all times while in Freeman facilities.

**Freeman
Professional
Development**

Job Shadow Program
932 E. 34th St.
Joplin, MO 64804

Phone: 417.347.5830

Fax: 417.347.0016

Email: professionaldevelopment@freemanhealth.com

FREEMAN HEALTH SYSTEM
Confidentiality and Non-Disclosure Agreement

I understand that Organizational Information including, but not limited to, financial, patient identifiable (including patient list), patient medical records, employee identifiable, intellectual property, financial non-public, contractual, of a competitive nature, from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.) shall be considered the Confidential Information. I agree to preserve and maintain the confidentiality and integrity of the Confidential Information. Certain information is protected by law and by the policies of Freeman Health System. The intent of these laws and policies is to assure that confidential information will remain confidential and is used, only as a necessity to accomplish the mission of Freeman.

As a condition of employment, contractual relationship or being granted access to any form of the Confidential Information, I, agree to comply with the following terms and conditions:

1. I will not access or request any information that I have no responsibilities for, including personnel, billing, PHI or other private information.
2. I will not access or disclose any Confidential Information unless required to do so in the official capacity of my employment or contract. I understand that I have no right or ownership interest in any confidential information.
3. I will comply with all policies and procedures and other rules of Freeman Health System relating to confidentiality of information.
4. I understand that my use of the system will be periodically monitored to ensure compliance with this agreement.
5. I agree not to use any Freeman information in any way detrimental to Freeman and will keep all such information confidential.
6. I will not disclose protected health information (PHI) or other information that is considered proprietary, sensitive, or confidential unless for treatment purposes or other Freeman authorized uses.
7. I will limit distribution of Confidential Information to parties with a legitimate need to have the information for performance of the organization's mission.
8. I agree that disclosure of Confidential Information is prohibited indefinitely, even after termination of employment or business relationship, unless specifically waived in writing by an authorized signatory of Freeman Health System.

I further understand that if I violate any of the above terms, I may be subjected to corrective action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to Freeman Health System.

Printed Name		DATE	
Signature			
LAST 4 OF SSN		DEPT.	Professional Development
If under 18, Parent/Legal Guardian Printed Name		Relationship to person requesting shadow	
Parent/Legal Guardian Signature			



Observational Experience Agreement

Definition:

Freeman Health System defines an observational experience as the observation of a medical professional in his/her professional role with no physical patient contact. The observer is not allowed to document in the medical record or participate in clinical care of the patient including procedures. The observer should only interact with patients in the presence of the medical professional. The observational experience does not fulfill any clinical or residency requirements; nor does it provide any hands-on experience. The experience is unpaid and is designed as a one-time observation and is only available to individuals.

Agreement:

- I understand that I will not receive academic credit for this experience. This experience does not constitute medical education or direct patient care experience.
- I understand that I am not to function as a medical student, resident or medical staff member at the facility.
- I agree not to represent myself as such either now or in the future. I must refer to this experience as an "observation", not as an elective, externship, voluntary experience, or clinical rotation.
- I understand that I will not provide any hands-on care during this experience. I will not, by way of example, take a medical history, examine a patient, provide medical advice to a patient, assist in procedures, or write/document in the medical record.
- I will inform each patient that I observe that I am an observer, and ask his or her permission. If permission is refused, I will leave the area. I understand that all observations are confidential and cannot be disclosed.
- I understand that I will not have independent access to patient information (electronic or written) or restricted areas of the medical center.
- I understand that this experience is voluntary and does not give me preference for future employment at Freeman Health System.
- I assume all risk of injury to me that may occur because of my being an observer even if such injury is caused by the negligence of Freeman. I release Freeman and its employees from any liability to me.
- I understand that I may be exposed to one or more contagious diseases, body fluids and other hazards; I agree to follow all safety precautions required by Freeman policies and good practices.
- I agree to maintain a safe distance from a disruptive patient.
- I agree not to handle biohazards or "sharps" including needles.

By signing below, I acknowledge that I have read and understand the above statements.

(If the observer is under the age of 18, a parent or guardian must also sign below consenting to the observation.)

Observer (Job Shadowing Participant)			
Observer Name (Print)		Date	
Observer Signature			
Parent or guardian consenting to observation for student under age of 18			
Parent/Guardian Name (Print)		Date	
Parent/Guardian Signature			

We are happy to provide this observational experience at Freeman Health System, and we want you to have a positive learning experience.

Rules of Conduct

Please remember, you are a guest and will be expected to behave in a courteous and respectful manner. If at any time during your job shadow you are not acting in a courteous manner or you do not follow the guidelines set forth in this application, you may be asked to leave.

Freeman Health System is a drug, alcohol, and tobacco free facility. The use of or being under the influence of any drug, alcohol or tobacco products will result in termination of the job shadow.

If an applicant is asked to leave a job shadow as a result of not upholding the application, the applicant is no longer permitted to job shadow at Freeman Health System.

Cell Phones

Cell phone use is not permitted during your observational experience. You are prohibited from taking any photographs or videos while being an observer.

Parking

You will receive information about where to park at the time of your job shadow confirmation.

Illness Policy

Our first priority is to protect the health and safety of patients and their families. If you are sick on the day of your scheduled observation, you must reschedule your observation. Participants who are visibly ill will not be allowed to observe. Contact Professional Development if you are ill on your scheduled shadow day.

Dress Code

A professional appearance is essential for all. This means your clothing should be neat, tidy and clean. It is important to wear comfortable, non-slip shoes- as your shadowing may require you to be on your feet for extended periods of time.

- ID badge obtained from the Office of Human Resources will be worn at all times
- NO jeans or sweatpants
- NO tank tops, bare midriffs, revealing or inappropriate attire
- NO baggy clothing or clothing that drags on the floor
- NO exposed undergarments
- NO sandals, flip flops or open toed shoes
- NO dangling jewelry
- NO ball caps or hats
- Body piercings (other than ears) and visible tattoos must be covered

Safety

Hospital staff has been trained for many safety situations. Remain with the staff member that you have been assigned to shadow. In case of fire, weather, or medical emergency, follow your staff member's instructions. If you have a latex or other significant allergy or medical condition, please advise your assigned staff member. Please report any injuries or illness that occurs during your job observational experience to your staff member and Professional Development.

Miscellaneous Information

During your observational experience, you will not need a purse, cell phone, pager or backpack. It is not advisable to bring large amounts of cash, books, journals, etc. Freeman Health System is not liable for any theft of or damage to personal property while on campus for your observational experience. It is best to leave important personal items at home.

Observer (Job Shadowing Participant)			
Observer Name (Print)		Date	
Observer Signature			
Parent or guardian consenting to observation for student under age of 18			
Parent/Guardian Name (Print)		Date	
Parent/Guardian Signature			