



## Job Shadow Checklist

Documents that must be submitted to the Human Resources Office at least one week prior to job shadow:

- ✓ Completed Application
- ✓ Signed Standards of Behavior
- ✓ Photo identification (school photo or current driver's license)
- ✓ Immunization records must be supplied to the employee health nurse. (Please review section 3 of the job shadowing policy.)
- ✓ TB skin test done 90 days before date to job shadow
- ✓ Influenza vaccine recommended

Requirements for the day of your job shadow:

- ✓ Arrive at the Human Resources office 15 minutes prior to scheduled time
- ✓ Obtain Photo ID from Human Resources
- ✓ Dress professional. Scrubs and clean comfortable tennis shoes may be worn in clinical areas. Business casual is required in all other departments. Jeans are not allowed for job shadowing
- ✓ Sign confidentiality paperwork with Human Resources

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## **BOTHWELL REGIONAL HEALTH CENTER**

**MANUAL:**                   **Human Resources Manual**

**EFFECTIVE:**               September 1, 2018

**REVIEWED:**

**REVISED:**

**APPROVAL:**              Senior Leadership Team

**DEPARTMENT:**         Organization-wide

**SUBJECT:**                Job Shadowing Program

### **I.     POLICY:**

- 1.1 The Job Shadowing Program is intended for those who have an interest in health care. Shadowing allows the participant to follow and observe a health care professional carry out the role and responsibilities of the position. Job shadowing must be arranged through the Human Resources Department. The Job Shadowing Program does not apply to medical students, advance practice professional students or students participating in a clinical rotation through an affiliation agreement.

### **II.    GUIDELINES:**

- 2.1 Individuals requesting a shadowing experience must be at least 16 years of age or older. Exceptions to the age requirement may be requested in special circumstances but not guaranteed.
- 2.2 BRHC reserves the right to a pre-screening process to determine eligibility to participate in the shadowing program. Decisions to not allow shadowing are final.
- 2.3 Any shadowing experience must be approved by management of area prior to experience.
- 2.4 After management approval is obtained, Human Resources will contact the shadowing applicant with the date and time approved for shadowing. Response time for this process may vary depending on the department's availability and program demands.
- 2.5 Participants must review and complete the Job Shadow Information packet available on the BRHC website. Parental signature is required for individuals under the age of 18.
- 2.6 Participants are required to register with the Missouri Family Care Safety Registry at least one week prior to the date for job shadowing. There is a non-reimbursed fee for registration.
- 2.7 The completed Job Shadow Information packet must be turned in to Human Resources at least one week prior to the initial date of job shadowing.

- 2.8 On the date of shadowing, participants will report to the Human Resources Department at least 15 minutes prior to the scheduled time for the job shadowing. Individuals must present photo identification (school photo, current drivers' license or government issued ID). Participants must sign a Confidentiality Agreement and obtain an ID badge which must be worn throughout the assignment.
- 2.9 Shadowing is a voluntary opportunity for which there will be no monetary compensation.

**III. Health Screen Requirements:** Participants are required to meet the following health requirements and provide appropriate documentation to the Employee Health Nurse at least one week prior to the date for job shadowing:

- 3.1 TB screening within the last 3 months
- 3.2 Hepatitis B vaccination status or declination
- 3.3 MMR vaccination status
- 3.4 Current season's influenza vaccination (only required if shadowing October through March)

# Bothwell Regional Health Center Job Shadow Application



Applicant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_

Required for FCSR verification

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

Preferred Contact Method \_\_\_\_\_

School Attending \_\_\_\_\_

Program / Major \_\_\_\_\_

Current Grade Level \_\_\_\_\_

Parent / Legal Guardian (if minor) \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Department / Unit requested \_\_\_\_\_

Total number of hours requested \_\_\_\_\_

(Please note that the number of hours is not guaranteed.)

First available date to job shadow (xx/xx/xxxx) \_\_\_\_\_

Please indicate below your availability for each day.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Please describe your interest in job shadowing at Bothwell Regional Health Center.

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Human Resources Department (660) 827 9540 [karni@brhc.org](mailto:karni@brhc.org)

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## Job Shadowing Agreement

The following are conditions and terms for shadowing at BRHC. I understand and agree to all the terms and conditions.

1. I will not physically touch patients. If I am allowed to observe a patient having a procedure, I understand that the patient's consent must be obtained.
2. I will not touch medical equipment.
3. I do not have medical record or chart access and will not have computer access.
4. I will not assist in feeding patients.
5. I will not approach physicians about personal illness or medications.
6. I will dress appropriately for the assignment. Business casual and closed toe shoes are appropriate. Jeans may not be worn.
7. I understand BRHC is not held responsible for any accident or injury that may occur on its premises while shadowing. I understand that my medical insurance would be billed for any treatment I might receive.
8. I am to leave valuables at home. BRHC is not responsible for any loss of personal property.
9. I understand that if I am ill I may not report for job shadowing. It is my responsibility to contact Human Resources to reschedule.
10. I understand that I will be required to keep all patient information confidential.
11. I understand that BRHC will have the right to immediately terminate my participation in the program if it is determined at the Director or Supervisor's discretion that I am not acting in the best interest of the patient or facility. In addition, the Director or Supervisor holds the right to terminate shadowing at any point as deemed necessary.

I will abide by the policies of BRHC and the requirements of the Job Shadowing Program. My electronic or written signature below certifies my understanding of the information above.

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parental Consent necessary if student is less than 18 years of age

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## Missouri Family Care Safety Registry

Individuals who wish to job shadow at BRHC must register with the Missouri Family Care Safety Registry (FCSR) at least one week prior to shadowing. The FCSR is a background screening agency of the State of Missouri.

The link to the site is provided below. Once on the website, the following selections should be chosen in the order listed.

<http://health.mo.gov/safety/fcsr/>

- Register online
- Registration
- Register
- Is A Person Registered
- Social Security Number
- Confirm Social Security Number
- Enter Security Text
- Search
- Continue
- Employer Name – start typing Bothwell & It will default to BRHC
- Select if No Employer – choose Other
- Continue
- Registration Type – Hospital
- The remainder of registration requires your personal information

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