

**Application to Shadow Physicians for the Summer of 2020
at the Rubin Institute for Advanced Orthopedics
Deadline to Apply: February 7, 2020**

Shadowing opportunities are open to students who are pursuing an education at the undergraduate or higher level. We receive numerous requests to shadow with our doctors and have only a few positions available. The deadline to apply for a 2020 summer position is February 7, 2020. The application process consists of two phases. During the first phase, we will use this form to screen and select candidates. During the second phase, candidates will be required to complete additional paperwork and medical screenings before they are able to commence shadowing. The applicant must also obtain a copy of a clear background check (**NOTE: The applicant is responsible for all fees associated with this expense**).

Shadows may observe clinic visits, physical examinations, and surgical procedures. Shadows may join the physician during patient rounds, attend teaching conferences, and utilize the medical library. Shadows may not participate in any patient care activities, question or examine patients, or scrub in on surgical cases as they are not covered by Sinai Hospital's liability insurance. Candidates are expected to carefully review the "Terms and Conditions" section of this application.

Incomplete applications will not be reviewed. All applications must include the following documents:

- Completed and signed application
- One letter of recommendation from supervisor or teacher
- Current CV/resume
- Statement of professional goals
- Proof of enrollment at an accredited university or college

Name: _____

Home Address: _____

E-mail Address: _____

Cell Phone: _____

Are you currently enrolled in:

☐ College ☐ Graduate school ☐ Medical school ☐ I am not in school

Current School/Institution _____

Pursuing a Degree:

☐ BA/BS ☐ MD/DO ☐ DPM ☐ Other: _____

Anticipated Year Degree Conferred: _____

Person to contact in case of emergency:

Name: _____ Phone: _____

Which physician are you interested in shadowing with at the Rubin Institute? (please select only one)

- ☐ John Herzenberg, MD ☐ Shawn Standard, MD ☐ Janet Conway, MD
☐ Noman Siddiqui, DPM ☐ Christopher Bibbo, DO ☐ Michael Assayag, MD
☐ Philip McClure, MD

*Proposed Dates of Rotation - From: _____ To: _____

*Alternate Dates of Rotation - From: _____ To: _____

Minimum Number of Hours You Can Commit: _____/week

Have you ever visited the Rubin Institute before? ☐ Yes ☐ No

Shadowing Position: Terms and Conditions

1. Each candidate must submit the following documents before their application will be reviewed:
 - Completed and signed application
 - One letter of recommendation from supervisor or teacher
 - Current CV/resume
 - Statement of professional goals
 - Proof of enrollment at an accredited university or college
2. After passing the initial screening process, candidates will be required to complete additional paperwork and medical screenings before they are able to commence shadowing. The applicant must also obtain a copy of a clear background check (**NOTE: The applicant is responsible for all fees associated with this expense**).
3. Each patient must consent to the Shadow's presence and give permission for the Shadow to review the patient's medical record. This must be documented in the patient's medical record by the responsible physician.
4. The Shadow will not write any progress notes, orders, or other notations in the patient's medical record.
5. The Shadow may attend house staff conferences, clinical rounds, and grand rounds.
6. The Shadow will, at all times, abide by the policies and procedures of Sinai Hospital of Baltimore, Inc., and of the House Staff Manual.
7. The Shadow will return the hospital identification badge and vehicle hang tag to either Volunteer Services or the Medical Education Office on or before the last day of the rotation.

****Please note that there is a 1 month maximum for each rotation.***

If I am selected to shadow at the Rubin Institute for Advanced Orthopedics, I agree to abide by the Terms and Conditions listed above.

Applicant's Signature

Date

Email, Fax, OR mail complete application and all required documents to:

Madeline Bacon
Rubin Institute for Advanced Orthopedics
2401 West Belvedere Avenue
Baltimore, MD 21215
Fax: 410-601-0585
mbacon@lifebridgehealth.org

For Office Use Only

Application Version 10/18/19

Complete Application Received: _____

Dates of Shadow Position: _____ to _____

Status: ☐ Accept ☐ Pending ☐ Reject

Comments: _____