

Application for Job Shadow/Observation/Clinical Experience/Externship NORTHERN LIGHT EASTERN MAINE MEDICAL CENTER

Name: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Name of Employer: _____

Current School: _____ Program: _____

Office Use Only	
<input type="checkbox"/>	Application
<input type="checkbox"/>	Confidentiality
<input type="checkbox"/>	Orientation to Life Safety
<input type="checkbox"/>	Immunizations <input type="checkbox"/> N/A
<input type="checkbox"/>	Flu Vaccination <input type="checkbox"/> N/A
<input type="checkbox"/>	Background Check <input type="checkbox"/> N/A

Please state the overall goal for your experience at Northern Light Eastern Maine Medical Center:

Desired Location or Specialty: _____

Medical Center Employee/Physician (who you wish to shadow): _____

Job Shadow/Observation: 2-4 hrs 4-8 hrs

Externship/Clinical Experience: 2-4 days 2 weeks 4-8 weeks Other _____

Requested date(s): ___/___/___ to ___/___/___

Requested Shift(s) (circle) 1 2 3

If you are NOT a healthcare worker or are NOT enrolled in a healthcare college program, please send proof of immunizations. (Those without a history of chickenpox must show proof of immunity by official immunization records (2 doses) or a positive serum titer).

Influenza Vaccination An influenza vaccine is required during each annual flu season (A doctor's note *must* accompany a signed declination.) **Please give provider and date:** _____

Observation of a Physician:

If your observational experience is with an identified physician and is one of the following (please check one), send your completed application and required documents to **Office of the Chief Medical Officer, Webber 1 Executive Suite:**

Licensed Physician/Dentist/Podiatrist without Northern Light Eastern Maine Medical Center privileges

Licensed Physician/Dentist/Podiatrist without a Maine license

College Students or High School Students applying for admission into undergraduate health science program (students must provide letter from guidance counselor/advisor)

Name of Chief/CMO/Designee Authorizing Activity Signature Date of approval

Medical Students or Allied Healthcare Professionals:

If your observational/clinical experience is not with a physician and is one of the following (please check one), send your completed application and required documents to the **Medical Education Department:**

Medical Student Observers without an affiliation

Allied Health Professionals without Northern Light Eastern Maine Medical Center privileges or Northern Light Eastern Maine Medical Center employment

Licensed Clinical Staff, Clinical Experience/Partnerships, High School Students or Career Change:

If your observational/clinical experience is not with a physician and is one of the following (please check one), send your completed application to the **Clinical Education Department.**

Licensed clinical staff for observational/clinical experience at Northern Light Eastern Maine Medical Center

Healthcare Students in extended clinical experiences (school must provide verification by fax 973-6994 or e-mail that the background check has been completed clinicaleducation@northernlighthealth.org)

College Students or High School Students applying for admission into undergraduate health science program (students must provide letter from guidance counselor/advisor)

Observer/Student Signature Date

**OBSERVER CODE OF CONDUCT AND CONFIDENTIALITY STATEMENT
NORTHERN LIGHT EASTERN MAINE MEDICAL CENTER**

Code of Conduct

I have received a copy of the Northern Light Health Code of Conduct, Notice of Privacy Practices and the Orientation to Privacy, Confidentiality and Information Security at Northern Light Health. If I have any question about these documents, I will ask my administrative contact for more information.

If I become aware of any possible violation of the Code or policy, I will report it as soon as possible. I can report violations to my administrative contact person, the NLEMMC Compliance Officer (ext 8551), the NLH Compliance Officer (5100) or the Employee Compliance Hot Line (1-866-621-2122).

Confidentiality, Privacy and Security

I will protect the patients' right to privacy – all information about the patient is confidential. I will not obtain, use or give out confidential information other than that directly related to my role as an observer/student. **I will not access my medical record or medical records of my family members or friends.** I will never mention a patient's name or illness to anyone outside of Northern Light Eastern Maine Medical Center. I will only discuss a patient's name or illness with my supervisor or the individuals involved in the patient's care if it relates to my role as an observer/student.

If I am given or select a user name and password for using computers, voice mail or other electronic information systems at work, I will not tell anyone else what they are. My user name and password are the same as my signature and when used they mean that I obtained, used or gave out information. I am responsible for all activities if someone else uses my user name and password. The NLH Security Office monitors use of the electronic information systems. I will contact my chief, administrative contact or the NLH Security Officer (ext. 7047) immediately if I believe someone else knows my password.

When I leave Northern Light Eastern Maine Medical Center, I will leave behind all information I have heard or seen.

I understand that I may be excluded from Northern Light Eastern Maine Medical Center and/or the Northern Light Eastern Maine Medical Center Authorized Observer/Student Program at any time and without notice by the responsible Northern Light Eastern Maine Medical Center officials, if, in their sole discretion, they determine it to be in the best interests of Northern Light Eastern Maine Medical Center or its patients or if I violate the Code of Conduct or any policy I should follow.

Print Name: _____ Print Role & Dept: _____

Signature: _____ Date: _____

Office Phone #: 973-7320

Fax #: 973-5237

clinicaleducation@northernlighthealth.org