

Physician Shadowing MUN Faculty of Medicine



Registration Form

Learner Name: _____ Class of: _____

This form is to be used to register any shadowing experiences that occur during the holiday or summer breaks, outside the regular shadowing program. All such shadowing experiences must be pre-approved by the Office of LWS.

Please email a copy of this form to the Office of LWS (medadvising@mun.ca) to obtain approval.

I attest that I have reviewed the latest Shadowing Policy:

<https://www.mun.ca/medicine/about-us/policies-and-procedures/policies-and-procedures-repository/learner-well-being-and-success/>

Please write your initials to confirm: _____

Date of Shadowing: _____

Location: _____

Preceptor: _____