CONE HEALTH
The Network for Exceptional Care

For Physician or
Cone Health Staff to complete

Physician or other Medical Staff please note: Shadow experiences are limited to a total of 20 hours in a one-year period. Also, if the shadow experience is anticipated to extend into the period of October 1 – March 31, documentation of seasonal flu immunization will be required to continue the experience.

_____
(Today's Date)

Re: _____
Student's name

_____
Student's School affiliation

To Whom It May Concern:

I, _____***(Physician or Staff member's name)***, agree to provide direct supervision over and accept responsibility and liability for the above named student during the shadowing experience at Cone Health on

(circle appropriate campus/es)
Moses Cone campus,
Wesley Long campus,
Women's Hospital campus,
Annie Penn campus,
MedCenter High Point and/or
MC Outpatient Day Surgery Center

from _____ to _____ ***(date range)***. He/she will be with me at all times during this observation experience as provided by the Medical and Dental Staff Rules and Regulations. I further agree that the above-named student will take the HIPAA training course prior to entering any facility identified herein.

Respectfully,

_____MD
Physician's signature

_____MD
Physician's name (printed)

or

_____ _____
CH Staff member's signature Signature of Staff Member's Supervisor

_____
CH Staff member's name (printed)