

**St. Louis Children's Hospital
Observation/Shadowing Experience Application**

Name _____ Date _____

Address _____

Telephone _____ Email Address: _____

Date(s) Requesting Observational Experience _____
Student requests require three weeks minimum notice

Anticipated length of Observational Experience will be up to 4 hours.

Emergency Contact Information _____
Contact Name Contact phone # on observation date

If currently enrolled in a nursing program, what nursing school do you attend?

_____ Anticipated Graduation Date: _____

Currently completing clinical experience at SLCH: Yes No If yes, end date: _____

Additional Information Required (All Requests):

- Signed Student Observation Statement/Health Record Form
- On separate sheet of paper, please explain why you are interested in an observational experience at St. Louis Children's Hospital and include objectives you would like to meet during this experience. (Required for student observations.)

Area of Nursing Interest:

(Students please rank preference for all areas that you are interested in observing. Due to space limitations it may be necessary to provide an alternate observation experience if your primary area of interest is already assigned.)

Neurology/Neurosurgery/Rehab _____
General Medicine (Any) _____
General Medicine (Pulmonary) _____
General Medicine (Endocrine) _____
Hematology/Oncology _____
Inpatient Surgical/Orthopedics _____
Emergency Unit _____
Pediatric Intensive Care _____

PICU - limited days during the week;
Most weekends open - 7 am start.

Neonatal Intensive Care _____
Operating Room _____
Same Day Surgery _____

OR, SDS not scheduling observations at
this time

Specialty Areas (Specify)

(Applicable for new hire observations only)

Students:
Please return completed application materials via
email attachment or fax to Sue Marten:
Email: susan.marten@bjc.org
Fax: 314-273-2017
Questions - 314-286-0385

Pre-Hire:
Please return completed application materials to
recruiter as instructed.