



## The Shadowing Experience Program

### PROGRAM DESCRIPTION

The Shadowing Experience Program supports students who have had limited clinical exposure by offering shadowing hours, clinical skills training, application preparation, and volunteer opportunities. Priority is given to those who've faced educational or economic barriers and are passionate about serving under-resourced communities. All program activities will be held in person, and most will be in the San Fernando Valley. The program is free, but participants must cover their own travel and personal expenses.

Applications for the program will be reviewed on a rolling basis as they are received. An application is considered complete once all components of the application are received. Please see the application requirements below for more information. Space in the cohort is limited, so applicants are encouraged to submit their materials early before the final deadline of **February 20**. Please note that spots may fill up prior to the deadline, as completed applications are reviewed and decisions are made.

### KEY COMPONENTS

Participants will receive:

- A 3M Littmann Lightweight II S.E Stethoscope
- A pair of FIGS scrubs
- 4 hours of shadowing
- 4 hours of volunteering
- Vital sign and blood sugar screening training
- Graduate school application preparation

### IMPORTANT DATES AND INFORMATION

- Application opens: **Friday, January 30<sup>th</sup>**
- Deadline to submit all documents: **Friday, February 20<sup>th</sup> by 11:59 pm**

If you're accepted into the program, you must be available on following dates

- Mandatory Orientation: **Friday, March 6, from 11:00 am to 3:00 pm**
- Vital sign and blood sugar screening training: **TBD from 3:30 to 5:30 pm**
- Graduate school application prep and vital sign review day: **TBD**

Please note that if you're accepted into the program, you will need to provide proof of TB screening within 1 year of orientation and hepatitis B proof of vaccination or titer results before being able to select your shadowing shifts. Shadowing shifts and volunteer shifts will be selected based on clinic and participant availability.

### APPLICATION REQUIREMENTS

Applicants cannot be previous Pre-health Career Enrichment or Shadowing Experience Program participants. To apply you must:

- ☐ Submit a completed application
- ☐ Submit an essay clearly answering the prompt
- ☐ Submit a resume or C.V.
- ☐ Have a reference form submitted on your behalf. The form can be found on our website. Forms submitted by the applicant will not be accepted.
- ☐ Submit an official transcript or verification letter **directly** from your college or the servicer they use (e.g. Parchment) to [prehealth@vidamobileclinic.org](mailto:prehealth@vidamobileclinic.org). Transcripts or letters submitted by the applicant will not be accepted.

## Application

### PERSONAL INFORMATION

**Name:** \_\_\_\_\_  
*First Name M.I. Last Name Preferred First Name*

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
*(XXX) XXX-XXXX*

**Birth Date:** \_\_\_\_\_ **Birth Country:** \_\_\_\_\_  
*MM/DD/YYYY*

**Preferred Address:** \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*Unit/Apt# City State Zip Code*

**Did you grow up in a health professional shortage area according to the HRSA?**

Search shortage areas by address: <https://data.hrsa.gov/tools/shortage-area/by-address>

☐ Yes, zip code: \_\_\_\_\_ ☐ No

**Were you or are you a youth involved in the justice or foster system?**

☐ Yes ☐ No

### MILITARY EXPERIENCE

**Have you or are you currently serving in the United States military?**

- ☐ Yes
- ☐ No
- ☐ Decline to Answer

### CAREER PATH INFORMATION

**Please check off the career path that you plan to pursue.**

- ☐ Medical Doctor - MD / DO
- ☐ Nurse Practitioner – NP/FNP
- ☐ Physician Assistant – PA

**Have you applied to Medical, Nursing, or PA programs in the past?**

☐ Yes ☐ No

**When do you plan to apply or reapply to Medical, Nursing, or PA programs?** \_\_\_\_\_

## **PARENT INFORMATION**

**What is the highest level of education for parent 1?**

- ☐ Less Than a bachelor's degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate or Professional Degree
- ☐ Don't know

**What is the highest level of education for parent 2?**

- ☐ Less Than a bachelor's degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate or Professional Degree
- ☐ Don't know

**Were either one of your parents involved in the justice or foster system?**

- ☐ Yes
- ☐ No

**Did you grow up in a single parent household?**

- ☐ Yes
- ☐ No

**Are you a parent or legal guardian of a minor?**

- ☐ Yes
- ☐ No

## **PROFESSIONAL EXPERIENCE**

**Were you employed while pursuing your high school diploma or GED?**

- ☐ Yes
- ☐ No

**Were you employed while pursuing your undergraduate degree?**

- ☐ Yes
  - On average how many hours per week did you work: \_\_\_\_\_
- ☐ No

**Are you currently employed?**

- ☐ Yes. Full-time (more than 32 hours a week) or Part-time? \_\_\_\_\_
- ☐ No

**Do you have any clinical experience taking vital signs (blood pressure, pulse, etc.)?**

- ☐ Yes
- ☐ No

**Have you ever shadowed a medical provider? (MD, PA, or NP)**

- ☐ Yes.
  - How many hours of shadowing have you completed in your desired field? \_\_\_\_\_
- ☐ No

## ACADEMIC INFORMATION

High School Name: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Address: \_\_\_\_\_

College/University #1 Name: \_\_\_\_\_ Country: \_\_\_\_\_

Science GPA: \_\_\_\_\_ End Date/Expected Graduation: \_\_\_\_\_  
MM/YYYY

### Program Type:

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Junior College | <input type="checkbox"/> PostBacc |
| <input type="checkbox"/> Undergraduate  | <input type="checkbox"/> Graduate |

College/University #2 Name: \_\_\_\_\_ Country: \_\_\_\_\_

Science GPA: \_\_\_\_\_ End Date/Expected Graduation: \_\_\_\_\_  
MM/YYYY

### Program Type:

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Junior College | <input type="checkbox"/> PostBacc |
| <input type="checkbox"/> Undergraduate  | <input type="checkbox"/> Graduate |

List Additional Institutions Attended: \_\_\_\_\_

## CRIMINAL INFORMATION

Have you ever been convicted of or pleaded guilty or no contest to a felony crime?

- ☐ Yes  
☐ No

Have you ever been convicted of, or pleaded guilty or no contest to a misdemeanor crime?

- ☐ Yes  
☐ No

## CONFIDENTIALITY WAIVER FOR REFERENCE FORMS

As part of this application process, I understand that a reference will submit a confidential form on my behalf. I voluntarily waive my right to access or review this form at any time, now or in the future. I understand that this waiver is not required but may encourage candid and honest feedback from my reference.

By signing below, I confirm that I waive my right to access these reference materials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

The reference form must be submitted by your reference to [prehealth@vidamobileclinic.org](mailto:prehealth@vidamobileclinic.org).

## ESSAY PROMPT

**\*Please address all the following in your essay (minimum 800, maximum 1000 words). Be as specific as possible.**

- Explain the challenges (educational, social, geographical, and/or economic) you faced during your educational journey.
- Describe why you chose your intended field in healthcare.
- Describe your experience or motivation working with the underserved or elderly community.
- Explain why you are motivated to join this program currently and why shadowing a provider is important to you.

Please submit this application along with the additional documents to [prehealth@vidamobileclinic.org](mailto:prehealth@vidamobileclinic.org)

## Confirmation and Signature

I hereby certify that, to the best of my knowledge, the information provided is true and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM/DD/YYYY