

**University of Rochester Medical Center**

Strong Memorial Hospital

**Nursing Practice**

Nurse Recruitment & Marketing  
601 Elmwood Ave – Box 619-19  
Rochester, NY 14642

Phone: (585) 275 - 3478

\*FAX: (585) 756 - 5882

\*E-Mail: smhnursingrecruitment@urmc.rochester.edu

**SHADOWING AND SHORT TERM OBSERVATION APPLICATION FORM**  
**Nurses and Middle School, High School, College and Nursing School Students**

▪ ***Interested in pursuing a nursing career?***

Shadowing is a great opportunity to experience the day of a nurse working in a hospital.

▪ ***Are you a nurse considering a change or wondering what area you would like to work in?***

Shadowing is one way to see the different opportunities that Strong Memorial Hospital has to offer you.

**Shadowing is typically 4-8 hours and can be arranged by calling (585) 275-3478.**

**Check Appropriate Box:**  Middle School Student  
 High School Student  
 College Student

Nursing School Student  
 Nurse

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Age:** (if under 18 years) \_\_\_\_\_

**College/School Affiliation (if any):** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Area(s) of Interest:** \_\_\_\_\_  
\_\_\_\_\_

**Preferred Day(s) of Week:** \_\_\_\_\_ **Preferred Shadow Time(s):** \_\_\_\_\_ am / pm

**Please explain why you are requesting this experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Return this completed form by mail or fax to the address or numbers above.**

**To Be Completed By The Office of Nurse Recruitment & Marketing**

**Date of Shadow Experience:** \_\_\_\_\_ **Time of Shadow Experience:** \_\_\_\_\_ am / pm