



# Alpha Epsilon Delta

*The Health Preprofessional Honor Society*

## **Alpha Epsilon Delta (AED) Shadowing Program**

As the pre-health honor society at the University of Alabama, Alpha Epsilon Delta, known as AED, is committed to providing pre-health students with valuable information and assistance in their quest for a career in health care through initiatives like our shadowing program.

The goal of this program is to match qualified and prepared pre med students with interested health care providers in the Tuscaloosa community to observe the provider patient relationship and gain the clinical experience required for acceptance into medical school. Overall we are striving to make shadowing opportunities more accessible to students pursuing a career in medicine.

In order to participate in the shadowing program students are required to fill out the following application and attend a group interview session. The purpose of the application is to assess students' availability and interest. The purpose of the interview is to assess students' commitment and to adequately prepare them to have meaningful shadowing experiences.

Students will be placed with doctors on the basis of availability, class standing, and previous shadowing experience. Preference will be given to juniors and sophomores who have the least amount of shadowing experiences but it is our hope to place as many students as are interested. Students who are not placed immediately will be put on a waiting list and will be contacted when an opening is found. Students are required to notify us via email upon any changes of availability (class schedules changes with new semesters, etc.) so that we can keep an up to date list. Additionally students from major cities in Alabama (Mobile, Birmingham, Huntsville, Florence) will be given the opportunity shadow in their hometowns over breaks pending available placements.

If you have any questions or concerns please contact:

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## AED Shadowing Program Application (to be completed by the student)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ CWID: \_\_\_\_\_

Class Standing (by **years** not hours): \_\_\_\_\_

Hometown: \_\_\_\_\_

Would you be interested in shadowing a doctor in your hometown over one of the breaks? (Circle one):    Yes            No

If yes, please note your availability on weekdays (dates and times) over the indicated breaks:

Fall Break (October 30-October 31):

\_\_\_\_\_

Christmas 2014

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please mark out the times that you are **NOT** available during the weekdays for the spring semester:

	Monday	Tuesday	Wednesday	Thursday	Friday
8am-10am					
10am-12n					
1pm-3pm					
3pm-5pm					

Please discuss your previous shadowing experiences (include the type of doctor shadowed and the amount of hours spent):

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What specialties are you interested in shadowing?

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How would gaining shadowing through AED be meaningful to you?

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Additionally, students are required to complete the UA online HIPAA training and turn in the Acknowledgment Form along with this application. The link to complete this is <http://cchs.ua.edu/faculty-staff/hipaa-information/> . **Applications will not be accepted without the HIPAA acknowledgement form attached.**