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:

Riley Kraus  
Alpha Epsilon Delta  
Co-director of Shadowing  
Rskraus@crimson.ua.edu

Savannah Johnson  
Alpha Epsilon Delta  
Co-director of Shadowing  
Snjohnson@crimson.ua.edu

Patrick Steadman  
Alpha Epsilon Delta  
Co-director of Shadowing  
Msteadman@crimson.ua.edu

Abby Arcement  
Alpha Epsilon Delta  
Co-Director of Shadowing  
Adarcement@crimson.ua.edu
**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

Break Available (Spring, Fall, Summer):
________________________________________________________________
________________________________________________________________

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8am-10am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10am-12n</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1pm-3pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3pm-5pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

What specialties are you interested in shadowing?

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

How would gaining shadowing through AED be meaningful to you?

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

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.