# University of Rochester School of Nursing

## Nurse Anesthesia Program Clinical Shadowing Form

The University of Rochester School of Nursing Nurse Anesthesia Program requires all applicants to complete 8 hours of clinical shadow experience. Please submit this form(s) on the online portal as part of the required documentation.

**Applicant Name:**_____

**Facility Name:** _____**Date:**_____

***For Applicant Completion:***

**Case/Procedure(s) Observed**:

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**Comments:**

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***For Provider and Applicant Completion:***

*I attest that the above applicant completed, in full,_____ hours of clinical shadow experience with me personally, on the date provided.*

**Anesthesia Provider/Credentials (Printed):** _____

**Signature:**_____

**Applicant Name (Printed):**_____

**Applicant Signature:**_____