

FORT DRUM REGIONAL HEALTH PLANNING ORGANIZATION
REGIONAL RECRUITMENT PROJECT

POST-SECONDARY SHADOW PROGRAM DESCRIPTION AND APPLICATION

Purpose:

The Fort Drum Regional Health Planning Organization (FDRHPO) offers post-secondary students in the medical, allied health or behavioral health field the opportunity to shadow in a professional healthcare setting in the Fort Drum Region, a 40-mile radius of Fort Drum to include: Jefferson, Lewis and southern St. Lawrence Counties. The shadowing experience is valuable in shaping career choices and provides students with the opportunity to network with healthcare professionals in their community. Likewise, this program provides healthcare facilities with potential candidates for employment.

Program Description:

A student in the Post-Secondary Shadow Program will spend **30 hours** observing in a healthcare facility and will meet with the FDRHPO Recruitment Program Manager throughout the program. Applicants selected for participation must agree to complete all supplemental assignments in addition to their hours at their designated placement site. The supplemental work will be assigned, collected and reviewed by the Recruitment Program Manager during weekly/bi-weekly visits.

Application Process:

To apply for the Post-Secondary Shadow Program, students must submit a completed application to the FDRHPO office by fax, mail or email to tleonard@fdrhpo.org. All applications will be reviewed and ranked based on the quality of their application and the availability of placement sites for their field of interest. FDRHPO works to ensure that all students have the opportunity to participate; however due to limited capacity for placements in the community, students are encouraged to seek other volunteer opportunities while they are waiting to be a part of FDRHPO's program. For a list of facility contact information, please see the FDRHPO website.

In order to be eligible for the program, the applicant must:

- Be a matriculated student of a medical, behavioral or allied health post-secondary program; and
- The applicant must provide evidence of being in good academic standing (signature of academic advisor on the application).

**Once accepted into the Post-Secondary Shadow Program, all students will need the following:

- A copy of an up-to-date immunization record
- Proof of a health physical (within the past year)
- Proof of a Tuberculosis Skin Test (ppd) (within the past year)
- Documentation of any allergies
- Health Insurance Portability and Accountability Act (HIPAA) Training and Orientation

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POST-SECONDARY SHADOW PROGRAM APPLICATION

Name: _____ Date: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Program of Study: _____ Anticipated Graduation Date: _____

Which season would you be available to participate in the Job Shadow program? *(You may choose more than one, but please take into consideration your involvement with extracurricular activities.)*

_____ Spring

_____ Summer

_____ Fall

Please document specific availability for shadowing *(school breaks, days, times, etc.)*

What healthcare fields are you interested in? *(Please list your top 3 preferences)*

1. _____

2. _____

3. _____

Do you have a specific placement site in mind? *(Please list your top 3 preferences)*

4. _____

5. _____

6. _____

Short Answer Questions: As part of the application process, students are required to complete the following short answer questions by typing responses on an additional piece of paper and attaching it to this application.

1. In 250 words or less, please convey to us why you should be included in the Post-Secondary Shadow Program.
2. Please describe all previous healthcare experience by identifying the location, date and nature of the experience.
3. Please expand on your future short and long term education and career goals.

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Student Certification:

- A.) I am a matriculated student of a health training program. Yes No
B.) I am in good academic standing. Yes No

I certify that the information contained in this application is true and complete to the best of knowledge.

Signature of Applicant

Date

Please have your academic advisor sign below, indicating that the above statements are true.

Signature of Academic Advisor

Date

Please direct any questions and a completed application to:

ATTN: Workforce Outreach Coordinator
Fort Drum Regional Health Planning Organization
120 Washington Street, Suite 230
Watertown, NY 13601
(315) 755-2020 (office)
(315) 755-2022 (fax)
www.fdrhpo.org