

***Rutgers Alumni Shadowing/Mentoring Program***  
***Student Application***

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Major: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mentors (List 3 from the Alumni Shadowing Link on your HPOdrome profile page.):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

***Part A) Each Rutgers Alumni Shadowing Program participant must meet/provide all of the following:***

- Competitive GPA and Science GPA
- Satisfactory completion of Organic Chemistry I (grade of B or better)
- Sophomore status
- A copy of your resume
- Professional dress and demeanor at all times

***Part B) In addition to the above, individual programs may require:***

- A Signed document that you will comply with national HIPAA laws to protect patient Privacy Rules-- a general description of which follows:
  - The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule..., as well as standards for individuals' privacy rights to understand and control how their health information is used.
  - Medical Clearance with immunization form from your doctor.
  - Negative TB test results in the last 12 months and proof of health insurance
- Compliance with national HIPAA laws (please see below)
- Proof of Flu Vaccine (seasonal) and/or Hep B vaccine
- Criminal Background Check
- Transportation, if shadowing occurs over different locations

*I have read, and I meet all of the requirements listed above. I understand that I may have to meet the requirements in Part B. Furthermore, I understand that once my information leaves the HPO, the HPO cannot control where it goes. Lastly, I permit the HPO to release limited academic information to the physician(s)/dentist(s) I hope to/will shadow. I agree with the rules and regulations of this program.*

Printed Name

Signature

Date