NEOMED Master of Medical Science in Anesthesia
Shadowing Form

The NEOMED Master of Medical Science in Anesthesia program requires all applicants to familiarize themselves with the practice of anesthesia through a shadowing experience with a licensed anesthesia practitioner. This experience should help the applicant:

- Understand what a typical day for an anesthetist is like
- Become oriented to the operating room
- Begin to appreciate the skill and care required for anesthetists to safely guide patients through their procedures.

Students, please take this form with you to your shadowing experience and have the practitioner fill out the information below.

Applicant Name: __________________________________________

Date(s) of Shadowing Experience: ____________________________

Total Number of Hours Shadowed: ____________________________

Hospital: _________________________________________________

Name of Anesthesia Practitioner: ______________________________

Email for Anesthesia Practitioner: ______________________________

Anesthesia Practitioner Signature: _____________________________

***Thank you very much for allowing our future students to shadow with you***