UNIVERSITY OF DELAWARE: HPEC

Shadowing/Patient Contact Verification Form

Shadowing hours can be completed my shadowing more than one physician or dentist. Students must utilize the Verification Form to record shadowing experiences. This form **is not** for logging volunteer hours. This is only for recording your shadowing/patient contact activities. Please see the HPEC website for further details regarding volunteering and shadowing and the associated requirements.

To the student: You are expected to document the number of hours you shadow in a facility. Please have your supervisor sign the form. Include this completed form in your HPEC file.

Name of Student: _____

Name of Health Professional	Name & Address of Facility or Organization	Number of Hours	Signature of Preceptor