

First Name and Last Name
Email Address

Shadowing Hours

Panel Name	Date of Panel (M/DD)	Code Number #1	Code Number #2	Three Takeaways:	Number of hours joined:
					Total Hours:

I, Name, verify that I have completed these shadowing hours in accordance with Students in Medicine's guidelines and protocols. I understand that falsifying hours can result in removal from the program and all shadowing hours administered.

Signature: