

## Preceptor Confirmation Letter

Dear Shadow Program Preceptor,

**Thank you!** for serving as a preceptor for our Shadow Program. This letter is for you to confirm that your shadow student has successfully completed their assigned shadow event.

Please enter the Date and Time your student was present below.

**Student's**, Please return the completed form to the Shadow Program office, either by:

1. dropping off the form at the University Hospital Human Resources Office;
2. scanning (no cell photographs please) and email to [muhcshadowprogram@health.missouri.edu](mailto:muhcshadowprogram@health.missouri.edu)
3. Fax to 573-882-8188.

**STUDENT NAME:** \_\_\_\_\_

**DATE OF SHADOW:** \_\_\_\_\_ **TIME** Start time: \_\_\_\_\_ AM/PM End time: \_\_\_\_\_ AM/PM

**PRECEPTOR'S name:** \_\_\_\_\_ **PRECEPTOR'S signature:** \_\_\_\_\_

**LOCATION of shadow event: (check one)**

University Hospital

Missouri Orthopedic Institute

Women's & Children's Hospital

University Physicians Clinic (which one) \_\_\_\_\_

Optional: Did the shadow student perform as expected? Yes No

Did student wear the temporary ID badge? Yes No

Is there anything regarding the shadow program you would like to see addressed? Please provide an email / phone number, if seeking a response.

\_\_\_\_\_  
\_\_\_\_\_

Please make every effort to return this form. It is important to the tracking of student hours.

If you have any questions, please do not hesitate to contact the Shadow Program office at [MUHCshadowprogram@health.missouri.edu](mailto:MUHCshadowprogram@health.missouri.edu).

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