

FORT DRUM REGIONAL HEALTH PLANNING ORGANIZATION  
REGIONAL RECRUITMENT PROJECT

**POST-SECONDARY SHADOW PROGRAM DESCRIPTION AND APPLICATION**

**Purpose:**

The Fort Drum Regional Health Planning Organization (FDRHPO) offers post-secondary students in the medical, allied health or behavioral health field the opportunity to shadow in a professional healthcare setting in the Fort Drum Region, a 40-mile radius of Fort Drum to include: Jefferson, Lewis and southern St. Lawrence Counties. The shadowing experience is valuable in shaping career choices and provides students with the opportunity to network with healthcare professionals in their community. Likewise, this program provides healthcare facilities with potential candidates for employment.

**Program Description:**

A student in the Post-Secondary Shadow Program will spend **16-24 hours** observing in a healthcare facility. As part of the shadowing experience, you will observe daily responsibilities and work environments of specific healthcare roles. Job shadowing enables students to identify their passions and provides opportunities to network and develop relationships with local healthcare professionals who can help make a positive impact on future career decisions. One of the greatest advantages of job shadowing is that it helps define a pathway toward career goals and provides a real-time, real-life experience placing students "in the shoes" of a healthcare professional.

**Application Process:**

To apply for the Post-Secondary Shadow Program, students must submit a completed application to the FDRHPO office by fax, mail or email to [bsolar@fdrhpo.org](mailto:bsolar@fdrhpo.org). After submission, the FDRHPO Workforce Outreach Manager will review the application, coordinate placements, and be the point of contact. Placement of all job shadow opportunities will be based on the availability of the placement sites for the field of interest identified on the application. Please also note, that once the placement site has been selected, you may be asked to complete additional site specific paperwork.

In order to be eligible for the program, the applicant must:

- Be a matriculated student of a medical, behavioral, or allied health post-secondary program.

\*\*\*In addition to the application, please submit the following:

- A copy of an up-to-date immunization record (must include proof of MMR and Varicella vaccination)
- Proof of a health physical (within the past year)
- Proof of a Tuberculosis Skin Test (ppd) (within the past year)
- Documentation of any allergies

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**POST-SECONDARY SHADOW PROGRAM APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

**Which season would you be available to participate in the Job Shadow program?** *(You may choose more than one, but please take into consideration your involvement with extracurricular activities.)*

\_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall

**Please document specific availability for shadowing** *(school breaks, days, times, etc.)*

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

**What healthcare fields are you interested in?** *(Please list your top 3 preferences)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Do you have a specific placement site in mind?** *(Hospital, clinic, private practice, etc.)*

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Short Answer Questions:** As part of the application process, students are required to complete the following short answer questions by typing responses on an additional piece of paper and attaching it to this application.

1. In 250 words or less, please convey to us why you should be included in the Post-Secondary Shadow Program.
2. Please describe all previous healthcare experience by identifying the location, date and nature of the experience.
3. Please expand on your future short and long term education and career goals.

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**Student Certification:**

- A.) I am a matriculated student of a health training program. Yes No  
B.) I am in good academic standing. Yes No

**I certify that the information contained in this application is true and complete to the best of knowledge.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Please direct any questions and a completed application to:**

ATTN:Workforce Outreach Manager  
Fort Drum Regional Health Planning Organization  
120 Washington Street, Suite 230  
Watertown, NY 13601  
(315) 755-2020 (office)  
(315) 755-2022 (fax)  
[www.fdrhpo.org](http://www.fdrhpo.org)