

**Application for Clinical Observations, CP 200**  
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CP 200 is a 1 credit course offered to University of South Alabama students who are pursuing acceptance into a health profession school including, but not limited to, medicine, dentistry, pharmacy, optometry, physician assistant, and veterinary medicine. To be accepted into the CP 200 course, students must have a science GPA of 3.2, be on track to complete requirements for admission into a U.S. professional school in one of the above-mentioned disciplines, and be meeting regularly with the health pre-professions advisor.

CP 200 is a satisfactory/unsatisfactory one semester course that can be repeated. To successfully complete the course, students must shadow a health professional for 3-4 hours per week for 15 weeks, keep a journal of the shadowing experience, and write a short synopsis of the experience.

All students participating in CP 200 will be required to have a TB test. Based on placement, some students will be required to have the hepatitis B vaccination. All CP 200 students are required to attend an Orientation on the first day of class according to the Schedule of Classes. CP 200 students completing the course at one of the University of South Alabama medical facilities must also attend the USAMC Orientation at the beginning of the semester.

Most students participating in CP 200 will be required to purchase and wear AED scrubs during their observations. Those students completing the course at one of the University of South Alabama clinics will be required to wear professional attire.

All students participating in CP 200 are required to abide by the laws and ethics of the health professions. Students are not allowed to participate in procedures on patients. You are there for **observation only**. Students must maintain patient confidentiality at all times. Students must act and dress professionally.

**I understand the requirements of the CP 200 course at the University of South Alabama, and I agree to behave professionally at all times during the course. I will not break patient confidentiality during or after the CP 200 experience.**

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*(signature)*

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*(date)*

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Semester \_\_\_\_\_

Year 20 \_\_\_\_\_

Name \_\_\_\_\_

Jag Number J00 \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Indicate the appropriate level in school:

Overall GPA \_\_\_\_\_

Science GPA \_\_\_\_\_

Have you taken CP 200 before? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

Indicate the professional area you wish to observe:

Do you have a professional with whom you wish to work? \_\_\_\_\_

*(If your answer is yes and the person is outside the CP 200 system, you must get prior permission from Dr. Stanfield, and the person you wish to work with must complete the Supervisor Agreement form.)*

Have you had a TB test within the last year? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

*(documentation will be required for any medical clinical observation)*

Have you had the hepatitis B vaccine? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

*(documentation will be required for Emergency Room observation)*