

North Mississippi Health Services
Summer Physician Shadowing Program Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Educational Institution: _____

Program: _____ Estimated Graduation Date: _____

Please attach the following documents:

- Copy of College Transcript
- Resume
- Written Statement expressing your desire to become a physician and what steps you plan to take, or have already taken, to achieve your goals
- Contact information (phone and email) for two references. Include relationship to reference.

Return to Student Experience Navigator via email (capolson@nmhs.net) along with items on checklist above

*If accepted to the program, you will be required to provide the current required shadowing immunizations. These can be found on the job shadowing application at <https://www.nmhs.net/careers/youth-education/>.
NMHS will be able to provide a 2-step TB skin test through employee health if needed.