MUSC
MEDICAL UNIVERSITY
of SOUTH CAROLINA

Office of Enrollment Management
41 Bee Street
PO Box 250203
Charleston SC 29425-0203

Cardiovascular Perfusion Program Shadowing Log

Name _____ Social Security # _____

Term of Entrance: ❑ Fall 2_____

Shadowing includes contacting at least one community perfusionist, requesting the opportunity to observe him or her in their practice, and spending at least four hours observing in the clinical setting. Please complete all of the following information for your shadowing experience. You may photocopy this form if you have shadowed at more than one location.

Hospital (City, State) _____

Date shadowed _____

Case(s) observed _____

_____

_____

_____

Perfusionist observed _____ Perfusionist signature _____

In the space below, briefly describe your experience:

_____

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