

In the space below, briefly describe your experience:

Office of Enrollment Management

45 Courtenay Drive MSC 203 Charleston SC 29425-2030 oesadmis@musc.edu

Pathologists' Assistant Program Shadowing Log

Name of Applicant(Please type or print Last, First	t, Middle Initial) Application #
Term of Entrance: Summer 2	
setting), or surgical pathology laboratory work experi Assistant or a Physician Pathologist. Autopsy shadow	ogy lab, specifically surgical pathology (preferably in more than one ence is requested. Shadowing may occur with either a Pathologists' ing is also encouraged, but not mandatory. Please complete all of the You may photocopy this form if you have shadowed at more than one location.
Hospital/Organization (City, State)	
Date shadowed	_
Case(s) observed:	
Clinician observed	Clinician's signature