

Quinnipiac

School of Health Sciences

Pathologists' Assistant Program – Surgical Pathology Shadowing Form

Name of Applicant: _____

Please document your experience shadowing a Board Certified Pathologist (MD/DO) or ASCP^{cm} (American Society for Clinical Pathology) certified Pathologists' Assistant. Upon completion, this form should be signed by the Pathologist/Pathologists' Assistant and the applicant. Please upload this completed form to the application portal in the "surgical pathology shadowing" application section.

To be completed by applicant:

I have completed ____ hours of shadowing with a certified Pathologists' Assistant or a Board-Certified Pathologist.

Date(s) of experience: _____

Name of Pathologist/Pathologists' Assistant: _____

Facility: _____

Please provide a description of your experience, including, but not limited to specimens/cases observed, general observations regarding the profession, understanding of roles and responsibilities of pathologists' assistant in surgical pathology, etc.

Pathologists/Pathologists' Assistant signature: _____ Date: _____

Applicant Signature: _____ Date: _____