

**Pathologists’ Assistant Application Autopsy Shadowing Form**

Name of Applicant:

**Instructions**: Please copy this form as needed - a separate form should be completed for each site visited. The purpose of this form is to describe and document the applicant’s experiences shadowing a Pathologist or Pathologists’ Assistant (preferably ASCP certified) in a clinical or forensic autopsy setting. When completed, this form should be signed by the Pathologist/Pathologists’ Assistant and the applicant. All completed forms should be uploaded into the application.

*To be completed by the applicant:*

Number of hours spent in a clinical or forensic autopsy setting with a Pathologist or Pathologists’ Assistant: \_\_\_\_\_\_\_

Date(s) of experience:

Name of Pathologist/Pathologists’ Assistant:

Work Telephone or Email address:

Facility:

Address:

What activities did you observe or engage in during your experience? Include any activities you observed outside of autopsy dissection.

Briefly describe the case you observed being autopsied.

Pathologist/PathA signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_