

**Pathologists’ Assistant Application Surgical Pathology Shadowing Form**

Name of Applicant:

**Instructions**: Please copy this form as needed – a separate form should be completed for each site visited. If the same site is visited multiple times, one form may be used. The purpose of this form is to describe and document the applicant’s experiences shadowing a Pathologists’ Assistant (preferably ASCP certified) in a surgical pathology laboratory setting. When completed, this form should be signed by both the 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 laboratory setting with a Pathologists’ Assistant: \_\_\_\_\_\_\_

Date(s) of experience:

Name of Pathologists’ Assistant:

Work Telephone or Email address:

Facility/Hospital:

Address:

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

Briefly describe any specimens you observed being grossed by the PathA.

Signature of PathA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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