

RowanSOM ShaDOw Program

Our ShaDOw Program offers high-achieving high school students who have an interest in the medical profession the opportunity to experience a day with a medical student at RowanSOM. As the health care landscape changes, many Americans are pursuing an osteopathic path to becoming a physician. With a focus on the whole patient and a mind, body, spirit inclusive approach to treatment, this growing medical field is answering a call to serve diverse populations in a variety of communities. The ShaDOw Program highlights the importance of osteopathy in healthcare and share the journey of a medical student.

A one-day ShaDOw experience includes:

- Participant arrival at the time of the medical student's first daily scheduled class
- Attendance at any lectures/labs with the medical student throughout the day
- Optional attendance in gross anatomy lab (during spring semester)
- Lunch with medical students, which offers a window into social dynamics on campus

Apply if you:

- Are in good academic standing in science, as certified by your nominating teacher (on application)
- Demonstrate a level of maturity deemed appropriate by your science teachers to participate in this program

Include in your application packet:

- Completed application
- Two (2) recommendations: one completed by a Math or Science teacher - the other may be completed by a Math or Science teacher or your counselor **Completed recommendations must be emailed directly to RowanSOM Admissions by the recommender**
- Your high school transcript (or a final report card for each year of high school)
- Standardized Test Scores (PARCC, PSAT, SAT and/or ACT)
- An essay

Please answer the following question:

- What are your current career interests?
- What do you hope to see and learn from spending a day at RowanSOM?
- Other forms as stated on the Application Checklist

Once you complete the application:

- Use the Application Checklist on page 2 to make sure you have completed all steps
- Submit your completed application to rowansomadmissions@rowan.edu.
- Upon completion of the program, participants will be required to fill out a one page evaluation form of the program concerning their thoughts on the experience prior to departing for the day.

Application questions? Contact rowansomadmissions@rowan.edu



It is very important that all information is written clearly and completely to avoid delays (or disqualification). Please, read the prompts before each space. Fill in all requested information. PRINT all information in blue or black ink.

I. STUDENT INFORMATION & SCHOOL INFORMATION

It is important that you enter your complete address, home & cellular phone number and email address to avoid delays in getting you information about the application process. Remember to contact the relevant program of interest to report any changes in your contact information during the application process. When listing current classes, please list the name of the class (Biology, Algebra 2, etc.) rather than the subject.

II. PARENT INFORMATION and INCOME VERIFICATION

This information is not needed in order to participate in the ShaDOw Program however, it does identify you for other high school programs that RowanSOM offers. Should you fill this section out, provide information for the parent(s)/guardian(s) that you actually live with.

III. STEM TEACHER OR COUNSELOR RECOMMENDATION

Please print two (2) copies of this form, then ask STEM teachers/a counselor to complete the recommendation form and submit directly to rowansomadmissions@rowan.edu.

IV. HIGH SCHOOL COUNSELOR VERIFICATION and REQUIRED SIGNATURES

Only records from performance in high school are required. It is not necessary to send any grades from 8th grade or below.

School counselor, student, and parent must sign to certify that the information provided in the application packet is true. Please, ensure that all signatures and dates are present before submitting your application packet.

When listing classes, please include the name of the courses completed under the subject area headings.

V. PROGRAM FEEDBACK FORM

Please print this form and bring it with you for the day of your scheduled appointment. Upon conclusion of the day, you will be able to complete this and return to the Office of Admissions prior to departing.

APPLICABLE STUDENT ESSAY REQUIREMENT

If an essay is required for your program of interest, please see essay prompt in relevant program. Please type your essay on a separate sheet of paper. Your response should not be more than 300 words. Please use 12 point font and format your essay so that it is single spaced.

RowanSOM ShaDOw Program Application Checklist

- ☐ Section I - Student Information & School Information
- ☐ Section II - Parent information and Income Verification
- ☐ Section III - STEM Teacher or Counselor Recommendation (2)
- ☐ Section IV- High School Counselor Verification and Required Signatures
- ☐ Section V- ShaDOw Program Feedback Form
- ☐ Educational Experience Agreement Waiver, Release & Confidentiality Statement
- ☐ Emergency Contact Information
- ☐ Authorization for Release of Photo Media
- ☐ Applicable Student Essay
- ☐ High School Transcript (from all schools if more than one)
- ☐ Current Report Card
- ☐ Standardized Test Scores (PARCC, PSAT, SAT and/or ACT)

RowanSOM ShaDOw Program
I. Student Information & School Information

Student's Name: _____ Date of Birth: _____
Last First MI

Address: _____ Age: _____
Street
Town Zip Code Primary Language: _____

Home Phone Number: _____ Cell Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Ethnicity: _____ Hispanic/Latino _____ Non-Hispanic/Latino _____ Prefer Not To Say

Race: _____ African/American/Black _____ American Indian/Alaska Native
_____ Asian _____ Native Hawaiian or Other Pacific Islander
_____ White _____ Prefer Not To Say

Gender: _____ Female _____ Male _____ Prefer Not To Say

U.S. Citizen? _____ Yes _____ No ☐ Permanent Resident

Who do you live with? _____ Mother & Father _____ Mother Only _____ Father Only
_____ Grandparent(s) Other(Specify) _____

Are you eligible to receive free or reduced school lunch: _____ Yes _____ No

List all school/community activities/memberships you have been involved in the last 2-3 years:

How will you be getting to the RowanSOM campus? _____ Driving _____ Parent/ Guardian
Other _____

RowanSOM ShaDOw Program

I. Student Information & School Information (cont'd)

School Information

Name of School: _____ Current Grade: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Counselor's Name: _____

Principal's Name: _____

Current Classes (Be specific - instead of Math, list the type of math course, i.e. Geometry):

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

Which health careers interest you? (List all you would consider):

Would you be comfortable taking a tour of the anatomy lab, which would include viewing cadavers? _____ Yes _____ No (Must choose yes or no)

RowanSOM ShaDOw Program

II. Parent Information & Income Verification

Parents/Guardian 1 Information

First Name: _____ Last Name: _____

If guardian, state relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Day Time Phone: _____ Cell Phone: _____

Email Address: _____ Primary Language: _____

Highest Level of Education completed:

☐ Less than HS
☐ HS Diploma

☐ Associates Degree
☐ Bachelors Degree

☐ Masters Degree
☐ Doctoral Degree

Place of Employment: _____ Occupation: _____

Income Source (check all that apply)

☐ Employed
☐ Disability

☐ TANF/SNAP
☐ Other:

☐ Social Security

☐ Disability

Parents/Guardian 2 Information

First Name: _____ Last Name: _____

If guardian, state relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Day Time Phone: _____ Cell Phone: _____

Email Address: _____ Primary Language: _____

Highest Level of Education completed:

☐ Less than HS
☐ HS Diploma

☐ Associates Degree
☐ Bachelors Degree

☐ Masters Degree
☐ Doctoral Degree

Place of Employment: _____ Occupation: _____

Income Source (check all that apply)

☐ Employed
☐ Disability

☐ TANF/SNAP
☐ Other:

☐ Social Security

RowanSOM ShaDOw Program

III. STEM Teacher or Counselor Recommendation (2 needed)

Please give this form to your recommender. Must be completed and sent by recommender directly to the Office of Admissions at rowansomadmissions@rowan.edu

Student's Name: _____ Date: _____

Grade: _____ High School: _____

Please rate your experience on each of the criteria listed below by circling a number from 1 to 10. Please note that 1 is strongly disagree and 10 is strongly agree.

This student displays:

- | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|
| 1. Motivation in completing classwork | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Effort in approaching difficult tasks | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Cooperation when working with others | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Productivity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. A positive attitude toward learning | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

My student:

- | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|
| 6. Completes assignments on time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 7. Has excellent class participation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8. Has excellent attendance | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9. Is rarely late for class | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 10. Is inquisitive about subject matter | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11. Participates in extracurricular activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 12. Is interested in a health career | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

13. Describe why you believe this student should participate in the ShaDOw Program.

RowanSOM ShaDOw Program

III. STEM Teacher or Counselor Recommendation (cont'd)

Please give this form to your recommender. Must be completed and sent by recommender directly to the Office of Admissions at rowansomadmissions@rowan.edu

Recommender's Name: _____

Subject area: _____

Is this student currently enrolled in your class? _____ Yes _____ No

Email address: _____

Recommender's Signature: _____

RowanSOM ShaDOw Program

III. STEM Teacher or Counselor Recommendation (2 needed)

Please give this form to your recommender. Must be completed and sent by recommender directly to the Office of Admissions at rowansomadmissions@rowan.edu

Student's Name: _____ Date: _____

Grade: _____ High School: _____

Please rate your experience on each of the criteria listed below by circling a number from 1 to 10. Please note that 1 is strongly disagree and 10 is strongly agree.

This student displays:

- | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|
| 1. Motivation in completing classwork | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Effort in approaching difficult tasks | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Cooperation when working with others | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Productivity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. A positive attitude toward learning | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

My student:

- | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|
| 6. Completes assignments on time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 7. Has excellent class participation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8. Has excellent attendance | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9. Is rarely late for class | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 10. Is inquisitive about subject matter | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11. Participates in extracurricular activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 12. Is interested in a health career | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

13. Describe why you believe this student should participate in the ShaDOw Program.



SCHOOL OF
OSTEOPATHIC MEDICINE

RowanSOM ShaDOw Program

III. STEM Teacher or Counselor Recommendation (cont'd)

Please give this form to your recommender. Must be completed and sent by recommender directly to the Office of Admissions at rowansomadmissions@rowan.edu

Recommender's Name: _____

Subject area: _____

Is this student currently enrolled in your class? _____ Yes _____ No

Email address: _____

Recommender's Signature: _____

RowanSOM ShaDOW Program

IV. High School Counselor Verification and Required Signatures

Current Grade Level: _____ Current GPA: _____ on a 4.0 scale

Class Rank: _____ of _____

Please provide the following items:

- A final report card from each year of high school the student has completed or a full transcript
- A current report card
- Most recent standardized test scores

List all Math and Science courses completed at the high school level:

Math

Science

REQUIRED SIGNATURES

I hereby certify that all statements in this application are true to the best of my knowledge and understanding. Any misleading information may be cause for immediate disqualification of the applicant (or dismissal from the program). I understand that there are mandatory sessions of the programs and agree to attend them all and any absences must be approved.

Student Signature: _____ Date: _____

I hereby certify that all statements in this application are true to the best of my knowledge and understanding. I, the undersigned, also certify that I am the parent or legal guardian of the above mentioned Participant. I hereby authorize my minor child named above to attend and participate in the RowanSOM Program being applied for, including any off-campus activities for which I have registered him/her.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

I hereby certify that all statements in this application are true to the best of my knowledge and understanding.

Counselor Signature: _____

Date: _____

PLEASE NOTE: Your application will be considered incomplete if it does not have all of the requested information, attachments and signatures.



SCHOOL OF
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V. RowanSOM ShaDOW Feedback Program

Please complete this form and return to the Office of Admissions prior to departing for the day. Should you not complete this form the day of your shadowing event, please email to rowansomadmissions@rowan.edu.

Student's Name: _____ Date: _____

Grade: _____ High School: _____

Please rate your experience on each of the criteria listed below by circling a number from 1 to 5 where 1 is strongly disagree, 2 is disagree, 3 is neutral, 4 is agree and 5 is strongly agree. (Use separate sheet if more space is needed).

This experience:

- | | | | | | |
|---|---|---|---|---|---|
| 1. Met my expectations | 1 | 2 | 3 | 4 | 5 |
| 2. Made me more interested in the field of medicine | 1 | 2 | 3 | 4 | 5 |
| 3. Was informational and engaging | 1 | 2 | 3 | 4 | 5 |
| 4. Provided me insight into Osteopathic Medicine | 1 | 2 | 3 | 4 | 5 |
| 5. Helped enhance my knowledge of medicine | 1 | 2 | 3 | 4 | 5 |

My student doctor:

- | | | | | | |
|--|---|---|---|---|---|
| 6. Encouraged participation by asking and allowing questions | 1 | 2 | 3 | 4 | 5 |
| 7. Was knowledgeable and professional | 1 | 2 | 3 | 4 | 5 |
| 8. Treated me as a colleague with respect and dignity | 1 | 2 | 3 | 4 | 5 |
| 9. Communicated clearly and was easy to understand | 1 | 2 | 3 | 4 | 5 |
| 10. Stimulated my interest in medicine | 1 | 2 | 3 | 4 | 5 |
| 11. What about this experience impacted you the most | | | | | |



SCHOOL OF
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RowanSOM ShaDOw Program

V. RowanSOM ShaDOw Feedback Program (cont'd)

12. What have you learned about Osteopathic Medicine?

12. What are your suggestions for making this experience more useful?

12. RowanSOM offers a number of high school programs similar to this one which seeks to engage and help develop students interested in the field of medicine. If we identify you as a candidate for other programs, would you like to know of these opportunities? Circle (YES/NO). Please explain why you would or would not be interested.

Parent/Guardian Approval for Participation in the ShaDOw Program

Student Name: _____

Date: _____

I hereby certify I am the parent or guardian of the above-named student ("minor child" and agree that my minor child has my approval to participate in the ShaDOw Program at Rowan University School of Osteopathic Medicine, to be held on the following dates: _____

I agree to allow my minor child to participate in the ShaDOw Program activities and, on behalf of my minor child, our heirs, personal representatives or assigns, affirm that my minor child is voluntarily participating in the activities, which may or may not include transportation by Rowan University. I assume all risks of injury, illness, or loss of personal property resulting from my minor child's participation in the activities. This Release and Waiver of liability includes, without limitation, all injuries which may occur as a result my minor child's participation in the activities.

I agree to release and discharge Rowan University, all affiliates, employees, agents, representatives, successors, or assigns ("Released Parties"), from any and all claims or causes of action relating to the ShaDOw Program activities and I agree to voluntarily give up and waive any right that I may have to bring a legal action against Rowan University for personal injury or property damage. I further agree that this Release and Waiver will be binding upon my heirs and successors.

I further agree that if a claim is filed by a third party in connection with any of my minor child's conduct or behavior while engaged in the activities, I will indemnify and hold harmless Released Parties against any such claims, including attorneys' fees incurred by Rowan University in defending such claims.

I hereby consent to and authorize the use and reproduction by Rowan University, or anyone authorized by Rowan University, of any and all photographs, videography, and audio recordings that have been taken of my minor child during the ShaDOw Program activities, without compensation to me, my minor child or assignees.

I also give permission for my minor child to receive any emergency medical treatment by health-care professional, including emergency medical transportation, which may be required for injuries sustained by my minor child. However, I agree to be responsible for any medical bill incurred as a result of any personal illness or injury to my minor child.

If any portion of this Release and Waiver from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this Release and Waiver shall remain in full force and effect and the offending provision or provisions will be severed here from. By signing this Release and Waiver, I acknowledge that I understand its content and that this Release and Waiver cannot be modified orally.

I acknowledge that I have carefully read this Release and Waiver and fully understand that it is a release of liability. I affirm that I am 18 years of age and competent to sign this document on behalf of my minor child.

Signature of Parent or Guardian _____
(Student signature if 18 years of age and older)

Date _____

In case of emergency, I authorize Rowan University School of Osteopathic Medicine to contact:

****Please provide one contact that is not a parent/guardian in case we are not able to reach a parent/guardian during an emergency****

Emergency Contact number one:

Name: _____

Relationship: _____

Cell phone: _____

Work phone: _____

Emergency Contact number two:

Name: _____

Relationship: _____

Cell phone: _____

Work phone: _____

For adults (anyone over the age of 18)

I hereby consent to and authorize the use and reproduction by Rowan University School of Osteopathic Medicine, or anyone authorized by Rowan University School of Osteopathic Medicine, of any and all photographs taken of me during instruction at RowanSOM for any purpose, without compensation to me or my assignees. All images and digital files are owned by the University. The University reserves the right to use these photographs in any of its print or electronic publications. I hereby report that I am 18 years of age or older and have read and understood the terms of this release.

Name (please print): _____

Signed: _____ Date: _____

Witness (please print): _____

Signed: _____ Date: _____

For minors (children and youth under 18)

I hereby consent to and authorize the use and reproduction by Rowan University, or anyone authorized by Rowan University School of Osteopathic Medicine, of any and all photographs that have been taken of (Student Name) _____, a minor child in my custody as parent or guardian, during instruction at RowanSOM for any purpose, without compensation to me, the child or assignees. All images and digital files are owned by the University. The University reserves the right to use these photographs in any of its print or electronic publications. I hereby report that I am 18 years of age or older and have read and understood the terms of this release.

Name (please print): _____

Signed: _____ Date: _____

Witness (please print): _____

Signed: _____ Date: _____