



Job Shadow Program

**Guidance Counselor Form:**

**(To be completed by School Coordinator, if shadowing participant is in high school)**

School Coordinator Name: \_\_\_\_\_

Title: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I verify that \_\_\_\_\_ is a student at the above named high school, and currently meets our academic requirements as a student in good standing. Additionally there have been no behavioral corrective actions taken with this student. I further verify that the student is at least 17 years old and is at least a high school senior (*has completed their Junior year*). This student has applied to or is interested in applying to a program of higher education in the healthcare field.

Anticipated graduation date: \_\_\_\_\_

Additional comments regarding the student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return this form to:**

**OSS Health  
Attn: Hannah Pugh, HR Records Administrator  
1855 Powder Mill Road  
York, PA 17402**

**Fax: 717-741-9630  
Email: [hpugh@osshealth.com](mailto:hpugh@osshealth.com)**