

## UPMC Procirca Neurodiagnostic Job Shadow Statement of Support

*Top portion to be completed by job shadow applicant*

Dear \_\_\_\_\_,

I have an interest in careers as a clinical neurodiagnostic technologist and am applying for a job shadow experience offered by UPMC. This opportunity will allow me to observe electroencephalography (EEG), nerve conduction studies and electromyography (NCS/EMG), and/or autonomic function testing in a hospital setting.

I would appreciate your support of my application for this experience. If you agree to support my application, please complete and sign this letter below.

Thank you,

\_\_\_\_\_  
(Applicant signature)

-----  
*Bottom portion to be completed by sponsor*

This support should be based on familiarity with the student's academic background, interests, and responsible behavior.

Check YES or NO below:

- ☐ YES ☐ NO      I am a teacher, guidance counsellor, or school administrator with personal knowledge of the applicant.
- ☐ YES ☐ NO      Based on knowledge of the student's interests and academic background, I believe they are prepared for and would benefit from a job shadow experience in a healthcare setting.

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

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

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