

UPMC Procirca Neurodiagnostics 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: _____