

Experiential Learning Program Learner Category Requirements

Learner Type	Description	Agreement Type	Orientation	Immunizations	ID Badge
Shadower	Max one 8-hr day	ELP Guidelines	Partial	PPD or Quantiferon Seasonal Influenza Immunization Varicella, Hep B and COVID-19 Immunization	ELP Badge
Observer	Max 4 wks, 3-days per week	ELP Guidelines	Partial	PPD or Quantiferon Seasonal Influenza Immunization MMR, Varicella, Hep B and COVID-19 Immunization	ELP Badge
Clinical Experience	Seeking credit as required part of program in clinical department	ELP Guidelines; Affiliation Agreement with program	Full and Department	PPD or Quantiferon Seasonal Influenza Immunization MMR, Varicella, Hep B and COVID-19 Immunization	School Badge, if applicable or ELP Badge, if no school badge
Non-Clinical Experience	Seeking credit as required part of program in non-clinical department	ELP Guidelines; Affiliation Agreement with program	Full and Department	PPD or Quantiferon Seasonal Influenza Immunization MMR, Varicella, Hep B and COVID-19 Immunization	School Badge, if applicable or ELP Badge, if no school badge

All requests must be submitted to learningexperience@unityhealthnetwork.org.

Allow for 10 business days from receipt of all requested forms/documentation for review and approval of your request.