

## DOCUMENTATION OF RESPIRATORY THERAPY OBSERVATION HOURS

Instructions: Please print legibly or type this form.

Applicant: \_\_\_\_\_ A Number or SS: \_\_\_\_\_

Applying for Semester Beginning: \_\_\_\_\_

Applicants will be granted additional points for observation/shadowing, respiratory related work experience, or volunteer experiences in a respiratory therapy setting. **ALL** hours must be supervised and signed by a licensed Respiratory Therapist. **Applicants must provide Documentation of Respiratory Therapy Observation (Pages A and B) for each clinical facility in which hours are completed. Documented hours will not be credited without both forms.** Hours must involve exposure in a hospital-based setting or a clinic. Observational hours must also be achieved within 1 Year of the deadline date to be considered for the admission ranking score. It is the applicant's responsibility to be sure the form is complete, accurate, and submitted with the JSCC Respiratory Therapy Application Packet by the deadline. Different forms will not be accepted; this form may be reproduced as necessary.

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Supervisor(s): Name of Respiratory Therapist supervising observation (PLEASE PRINT):

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

I VERIFY THAT THE HOURS DOCUMENTED ON THE FOLLOWING PAGE(S) ARE TRUE AND ACCURATE:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## DOCUMENTATION OF RESPIRATORY THERAPY OBSERVATION

Applicant: \_\_\_\_\_ A Number or SS: \_\_\_\_\_

Applying for Semester Beginning: \_\_\_\_\_

The Respiratory Therapy program at Jefferson State Community College will grant additional points to applicants for observation/shadowing, respiratory related work experience, or volunteer experiences in a respiratory therapy setting. We suggest that hours documented represent quality observation experiences. Credit should not be given for anything outside of patient care activities (i.e. lunch, administrative duties, organizational orientation, etc.). Hours of observation must be performed under the supervision of a licensed Respiratory Therapist. Each line must be signed by the supervising therapist. Different forms will not be accepted; this form may be reproduced as necessary. Qualifying hours must be achieved within 1 year of the deadline date to be considered for the admission ranking score.

Date	IN Time	OUT Time	# of Hours	Type of Experience Observed *	Supervising Therapist (Signature)	Supervising Therapist License #

### Type of Observation Experience \*

Inpatient Settings	Outpatient/Other Settings
Acute care hospital Long-term care facility Skilled Nursing Facility Other: _____	Pulmonary Clinic Asthma & Allergy Clinic Outpatient Rehabilitation Home Health Other: _____