Respiratory Therapy Assistant
Clinical Observation Form
Fall_______

Student Name _____________________________  SID#___________________

Ten (10) hours of observation is required before the applicant can be considered for the Respiratory Therapy Technology program. The hours should be divided into two 5 hour sessions and performed at two different clinical facilities. This form is to be completed by the Respiratory Therapist you observe with. Before arriving at the clinical affiliate, please call the hospital Respiratory Therapy Department, identify yourself as a prospective RSCC Respiratory Therapy Technology student and ask to schedule a time that is convenient for their department for you to come in and observe. Prospective students must dress professionally during clinical observation time, no blue jeans, shorts, T-shirts, etc... Please return this completed observation form to the address at the bottom of the form. The form must be on file at RSCC by May 15th.

1. When did the applicant observe at your clinical site?
__________________________________________

2. How much time did the applicant spend in your department?
__________________________________________

3. Did the applicant contact you prior to his/her arrival?
__________________________________________

4. Did the applicant arrive on time and was he/she prepared?
__________________________________________

5. Did the applicant conduct himself/herself in a polite and courteous manner with patients, families, and staff?
__________________________________________

6. Did the applicant exhibit interest and enthusiasm about the respiratory therapy profession?
__________________________________________

Signature of Supervisor, Therapist, or Technician__________________________
Facility: ____________________________________________
Date: ____________________

Roane State Community College
Respiratory Therapy Program
Lesha Hill
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