Bowling Green State University - Firelands

HOSPITAL/MEDICAL CENTER OBSERVATION VERIFICATION FORM

Applicants to the Respiratory Care Program at Firelands College are required to visit/tour a hospital or medical center as a requirement for admission. The program also suggests that, in addition to speaking to a Respiratory Care Professional about the field and touring the Respiratory Care Department, you try to arrange to spend a day (shift), or at least a morning or afternoon, "shadowing" a therapist to actually observe the kinds of procedures, tests, etc. you will typically be performing on the job (and in clinical training). The intent of this requirement is to inform applicants of the nature and role of the Respiratory Therapist in today's marketplace. This exercise should assist you in confirming respiratory care as a career path.

Please complete this form and return it as a part of your application to the Respiratory Care Program at Firelands College-BGSU. This requirement is waived for applicants who have documented work or volunteer experience in the respiratory care field.

Name: _____
Last First Middle

Hospital/Medical Center Visited/Toured: _____

Date(s) of Visit/Tour: _____ _____ _____

Length of time spent on visit/tour: _____ hours
(If you visited the hospital/medical center or observed on two or more separate occasions, in occasions, indicate the total amount of time spent.)

Please supply the Name(s), credentials, and position of the therapist(s) with whom you had significant contact (provided a tour of department/hospital/medical center, spoke with you about respiratory care field, observed performing procedures, etc.)

Name/Credentials:	Position:
_____	_____
_____	_____
_____	_____

_____ _____
Signature of Applicant Date

_____ _____
Signature of Dept. Director/Supervisor Date

*Please use the back of this sheet to briefly describe what you learned about the field and/or observed on your visit(s).