RESPIRATORY CARE
OBSERVATION/WORK EXPERIENCE FORM

Applicants are encouraged to complete the observation/work experience requirements with our clinical faculty; however the observation may be completed in any respiratory care department. To arrange an observation with program faculty call: (859)246.6243 or (859)246.6246

To ensure the candidate has an adequate exposure to the field of respiratory care, it is recommended that an observation experience last a minimum of four hours and include at least five of the procedures listed below.

1. Applicant name: _____ SSN/PSN_____

2. ____Salaried Employee ____ Unsalaried Employee ____ Observation

3. Type of experience that pertains to the applicant. (Please check all that apply)

   _____ Mechanical Ventilation _____Delivery of aerosolized medications
   _____ Bronchial Hygiene Therapy _____ Oxygen Administration
   _____ Arterial Blood Gases _____ Pulmonary Function Testing
   _____ Other procedures (please list)_____
   _____

4. Date(s) of observation: _____

   Approximate number of hours spent observing: _____

_____ _____
Signature of person supervising the observation date of observation

_____ _____
Signature of RC program applicant date

All documentation must be submitted to:

BCTC Office of Admissions
200 Oswald Bldg.; 470 Cooper Dr.
Lexington, KY 40506-0235
phone: 859.246.6210