

TO THE APPLICANT: To ensure a realistic understanding of what the profession is like, **direct observationof professional respiratory therapist duties in both critical care and non-critical care environments in an acute care hospital is required** as part of the Respiratory Care Program application process.

Any general acute care hospital of the candidate's choice may be used for such observation. Candidates must make an appointment for such visitation by contacting the Director or a manager of Respiratory Care at the hospital selected. Alternatively, during the academic year, an observation experience maybe arranged through Program faculty by contacting Patricia Goodwin, RRT, at (516) 572-9640, Ext. 2- 6585.

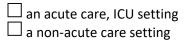
Document the visit using this form and obtain the signature of the supervising therapist or NCC Clinical Instructor.

Candidate/Applicant Name:	
NCC ID Number:	Date of Observation Experience:
LOCATION OF OBSERVATION EXPERIENCE:	
 Nassau University Medical Center Long Island Jewish Medical Center Southside Hospital Plainview Hospital Franklin Hospital Huntington Hospital Good Samaritan Hospital Medical Center 	 Glen Cove Hospital St. Catherine of Siena Medical Center South Nassau Communities Hospital Gurwin Jewish Nursing & Rehabilitation Center St. Francis Hospital - The Heart Center Winthrop University Hospital
Other (Insert full name of facility):	

TO THE RESPIRATORY THERAPIST CONDUCTING THE OBSERVATION EXPERIENCE:

Please address and confirm the applicant's completion of the elements listed below: check the corresponding boxes and provide your identifying information. Thank you for your cooperation and assistance.

- 1. U The typical duties and responsibilities and the day-to day practice of a respiratory therapist, in both critical and non-critical care settings, were reviewed and discussed in detail with the candidate.
- 2. The candidate was exposed to, and directly observed, patient interaction and/or direct patient care by respiratory therapist(s) in both:



Comments (optional):

Printed Name of Respiratory Therapist	
Conducting the Observation Experience:	

Signature: _____

Title: _____