

**NORTHEAST KENTUCKY CONSORTIUM
FOR
RESPIRATORY CARE EDUCATION**

Ashland Community & Technical College, Maysville Community & Technical College-Rowan
Campus, and Morehead State University

RESPIRATORY CARE OBSERVATION FORM

1. Applicant Name _____ SS# _____

2. Type of experience that pertains to applicant (check all applicable categories):
(Total of 4-8 hrs. needed)

_____ Delivery of aerosolized medications _____ Mechanical Ventilation

_____ Oxygen administration _____ Arterial blood gases

_____ Percussion and Postural drainage _____ PFT's

_____ Other (please specify) _____

3. Amount of time devoted:

Dates and times applicant attended: _____

Total hours applicant attended observation at your facility: _____

4. Any additional comments you wish to make about applicant:

Signature of Observation Supervisor

Signature of Applicant

Facility

Date

Date