

**NORTHEAST KENTUCKY CONSORTIUM
FOR
RESPIRATORY CARE EDUCATION**
Ashland Community & Technical College, Maysville Community & Technical
College and Morehead State University

RESPIRATORY CARE OBSERVATION FORM

1. Applicant name _____ SS# _____

2. Type of experience that pertains to applicant (check all applicable categories):

____ 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