



**RESPIRATORY THERAPY PROGRAM**  
Indiana Respiratory Therapy Education Consortium

**Clinical Observation**

Directions: Students applying to the respiratory therapy program may choose to document a clinical observation. Contact the medical facility well in advance to schedule your observation. This can be done at a hospital near your home or school. A list of facilities that have volunteered to provide this opportunity for students is available. This form should be taken with you and filled out by the respiratory therapist at the time of your visit. After completion, it should be attached to your application.

*Please note— To cancel or reschedule a clinical observation, students must provide the clinical affiliate 24 hours notice. Failure to do so may adversely affect application to the respiratory therapy program. Visitor restrictions during influenza season may temporarily limit scheduling of observations.*

Student Name \_\_\_\_\_

Hospital/Facility \_\_\_\_\_

Date of Observation \_\_\_\_\_

Starting Time \_\_\_\_\_

Ending Time \_\_\_\_\_

Name of therapist observed \_\_\_\_\_  
(please print)

Signature of therapist observed \_\_\_\_\_