WASHINGTON STATE
COLLEGE OF OHIO

RT Shadowing Experience Form

Job shadowing introduces students to the roles and responsibilities of a respiratory therapist in a clinical setting. **Applicants are required to complete a minimum of 16 hours of observation. Hours must be completed in at least 2 separate locations.** It is the applicant's responsibility to contact clinical sites for shadowing and to schedule their own observation hours.

Dress code: policies at all facilities require the student to wear scrubs or business casual attire (khakis or dress pants). Jeans, shorts, skirts, t-shirts, and sandals/open-toed shoes are never acceptable. Good personal hygiene is expected, including no perfume or cologne or other unpleasant or unnatural odor on body or clothing, hair groomed, and no visible tattoos or body piercings (cover any visible tattoos and remove or cover non-ear piercings).

It is the student's responsibility to verify proper attire at each location when scheduling his/her shadowing experience.

Cell phones are not allowed in patient care areas.

Job shadowing hours must be completed at one of our main clinical affiliate locations. Applicants may use the following information when contacting clinical sites for shadowing experience. Please note that certain vaccinations or vaccination records may be requested and/or required.

Camden Clark Medical Center	Susan Aufdenkampe	susan.aufdenkampe@wvumedicine.org	304-424-2924
Genesis Health System	Denise Owens	dowens@genesishcs.org	740-454-4558
Memorial Health System	Kaitlyn Peeples	kaipeeples@mhsystem.org	740-568-2203

- Upon completion of all job shadowing hours, applicants will upload this completed form into the Student Upload Portal found on the WSCO RT webpage: https://www.wsco.edu/academics/health/respiratory-therapy/

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Job Shadowing Location: _____ Date: _____

Start Time: _____ End Time: _____ Total Hours: _____

Areas seen, procedures observed, comments: _____

_____

_____

_____

Preceptor's printed name: _____

Preceptor's signature and credentials: _____

Job Shadowing Location: _____ Date: _____

Start Time: _____ End Time: _____ Total Hours: _____

Areas seen, procedures observed, comments: _____

_____

_____

_____

Preceptor's printed name: _____

Preceptor's signature and credentials: _____

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Job Shadowing Location: _____ Date: _____

Start Time: _____ End Time: _____ Total Hours: _____

Areas seen, procedures observed, comments: _____

_____

_____

_____

Preceptor's printed name: _____

Preceptor's signature and credentials: _____

Job Shadowing Location: _____ Date: _____

Start Time: _____ End Time: _____ Total Hours: _____

Areas seen, procedures observed, comments: _____

_____

_____

_____

Preceptor's printed name: _____

Preceptor's signature and credentials: _____