

**CUYAHOGA COMMUNITY COLLEGE  
OBSERVATION VERIFICATION FORM  
RESPIRATORY CARE PROGRAM**

Applicant is to be dressed appropriately/professionally or the observation will be cancelled.

---

Applicant's Name (please print)

Student's "S" Number

To Whom It May Concern:

The bearer of this letter is an applicant to the above listed Respiratory Care Program. All applicants to this program are required to observe activities performed by a Respiratory Therapist in order to gain some familiarity with the tasks and responsibilities required of the profession. We would appreciate your verification of the following information.

I. The applicant has observed activities commonly occurring on general medical or post-surgical floors. Yes [ ] No [ ]

II. The applicant has observed activities commonly occurring in critical care units. Yes [ ] No [ ]

III. The applicant has observed activities commonly occurring in the pulmonary function laboratory. Yes [ ] No [ ]

Should you desire, you may write a brief evaluation of the applicant's interest and/or qualifications.

---

Signature/Respiratory Care Representative

---

Date of Observation

---

Hospital

---

Phone Number

Note: It is the applicant's responsibility to return the original form, along with other application materials to:

Health Careers Enrollment Center, Cuyahoga Community College  
2900 Community College Avenue, MHCS 126  
Cleveland, OH 44115

A copy may be retained at the hospital.

We extend our sincere appreciation for your cooperation in helping us to select qualified persons for the Respiratory Care Program.