



**SOUTHWESTERN
COMMUNITY COLLEGE**
College of the Great Smoky Mountains

Clinical Observation Procedures and Report Form

1. Be sure you have a current application for admission on file before you arrange your observation time.
2. Determine the site(s) you would like to observe. Observation can be done at one or more sites.
3. Call the clinical site(s) of your choice and ask to speak to department head or person in charge of scheduling observation of the correct department (i.e. Medical Laboratory Technology, Physical Therapist Assistant, Radiography, Respiratory Therapy).
4. Make an appointment that will be convenient to both you and the department. Get the name of the person to whom you are to report.
5. Dress appropriately for your observation. Your attire should be clean, neat, and professional (no blue jeans, shorts, open toe shoes, halter tops, excessive fragrances, etc.)
6. Arrive at the clinical site on time and report to the department.
7. Remember that you are in a medical facility, (patient confidentiality and privacy must be adhered to at all times), do not discuss patient related issues outside of the facility. Be professional.
8. Adhere to infection control techniques. Do not be in contact with patient body fluids during your observations. If contact does occur, please notify the department head at the facility or person to whom you are assigned.
9. At the end of each observation session, have the appropriate person sign your observation report form.
10. When the form is complete, return it to the Southwestern Community College Admissions Office.

Enjoy your observation time. If you have questions, please contact the academic advisor of the program for which you are applying or the Admissions Office at 586-4091, extension 352.

NOTE: You may use more than one form, if necessary.

NAME OF APPLICANT: _____ SS#: _____

PROGRAM INTEREST: _____

The purpose of the clinical observation is not part of a curricular educational activity. It is a tool to assist the student in determining if a specific career is a choice he/she wants to pursue educationally at SCC. A minimum of 16 hours of observation is required for Physical Therapist Assistant, six hours for Respiratory Therapy and 40 hours recommended for Radiography. Clinical observation is recommended for other Health Science programs, but no required hours. You may choose to observe in more than one setting. Please complete separate forms for different programs. Refer to the appropriate advisor for more information.

OBSERVATION #1

Name of Facility _____

Date of Observation _____

Time of Observation _____

Total Number of Hours Observed _____

Verification Signature (Facility) _____

OBSERVATION #2

Name of Facility _____

Date of Observation _____

Time of Observation _____

Total Number of Hours Observed _____

Verification Signature (Facility) _____

OBSERVATION #3

Name of Facility _____

Date of Observation _____

Time of Observation _____

Total Number of Hours Observed _____

Verification Signature (Facility) _____

OBSERVATION #4

Name of Facility _____

Date of Observation _____

Time of Observation _____

Total Number of Hours Observed _____

Verification Signature (Facility) _____

OBSERVATION #5

Name of Facility _____

Date of Observation _____

Time of Observation _____

Total Number of Hours Observed _____

Verification Signature (Facility) _____

OBSERVATION #6

Name of Facility _____

Date of Observation _____

Time of Observation _____

Total Number of Hours Observed _____

Verification Signature (Facility) _____

NOTE: This form should document all observation time. Upon completion of the observation time, the applicant must return this form to the Admissions Office by the posted deadline.

I certify that all of the statements in this report are complete, true and correct to the best of my knowledge. I authorize Southwestern Community College or its' designee, the right to investigate the information provided on this report. I understand that false information or the omission of relevant information, may be grounds for rejection of this report.

Student's Signature

Date