

**Casper College  
Respiratory Care  
Program Clinical  
Observation**

**To:** All Respiratory Care Program Applicants

**Name:** \_\_\_\_\_

Before you commit considerable resources of time, money and effort in the study of Respiratory Care you should observe Respiratory Therapists in action in a clinical setting of your choosing.

Contact the facilities Respiratory Therapy Director and make arrangements for an observation time that is convenient for you and them. Each facility may have different rules involving an observation ie. signing of documents of confidentiality and or providing proof of immunizations. Bring this form with you during your scheduled observation and have the individual where you are following sign and date. If you have any questions feel free to contact me:

Doug Neubert  
Program Director  
307-268-2544  
dneubert@caspercollege.edu

**Date of visit:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Therapists Name/Credentials:** \_\_\_\_\_