

JOB SHADOWING INFORMATION

Job shadowing introduces potential respiratory therapy students to the roles and responsibilities of today's respiratory therapists. A minimum of four (4) hours must be completed prior to admission in the Respiratory Therapy Program at KSU.

Students can contact a hospital of their choice – call and ask to be transferred to the respiratory therapy department, then explain you are applying to Kent State's respiratory therapy program and would like to setup a 4 hour job shadowing experience.

Some hospitals may require orientation, health requirements, and/or paperwork to be completed prior to shadowing. Students are responsible for completing requirements to be able to complete the process successfully.

To job shadow within the Cleveland Clinic Health System, contact Brittany Conley: conleyb@ccf.org to start the process. Note that students should allow at least 4 weeks from initial contact for completion of onboarding requirements to set up and complete the experience.

Dress in appropriate attire: dress shirt with khaki or black casual pants; no jeans, shorts, or sandals. Please keep in mind that you are a guest of the facility. Professional behavior is expected.

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Respiratory Therapy Shadowing Form To be completed by Student

The form below must be completed and submitted to the Program Director when the student applies to the program by November 1.

Prospective Student's Name: _____

Shadowing Experience:

Hospital Name _____

What did you observe?

What did you like most about this experience?

What did you like least about this experience?

Contact Hours completed? _____ Date _____

RETURN TO:

Kent State University at Ashtabula
Attention: Respiratory Therapy Program Director
3300 Lake Road West Room 127B • Ashtabula, OH 44004
Phone: 440-964-4362 • Fax: 440-964-4355

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Respiratory Therapy Job Shadowing Form

**To be completed by the
Registered Respiratory Therapist**

Prospective student: Please give this form to the Respiratory Therapist you are shadowing. This form must be faxed directly to Kent State University at Ashtabula by the Respiratory Therapist. We cannot accept forms that are hand delivered by the student.

Prospective Student Name: _____ **Date:** _____

Hospital Name: _____ **Hours completed:** _____

Comments: _____

RT Name (print) _____

RT Signature _____ **Email/Phone:** _____

Please **FAX: 440-964-4355** or mail to Kent State University at Ashtabula, Attn: RESP Program Director, 3300 Lake Road West, Ashtabula, Ohio 44004

Forms must be received by **the application deadline of November 1st**.