Dalton State College
Associate of Applied Science Degree in Respiratory Therapy Technology
Clinical Shadowing Referral and Verification

To the Respiratory Therapist:

Thank you for agreeing to provide a clinical shadowing opportunity for respiratory care student:

_____.
Student Name

As RT faculty, we believe that it is essential for each student entering the study of respiratory care to observe an RT professional in the performance of his or her duties as early as possible in the student's academic career–before the student commits significant time, energy, and financial resources to the study of our profession. For this reason, we ask that you please provide this student with at least the following opportunities for observation:

1. Patients in critical care units on ventilators;
2. Patients in NICU;
3. A suction procedure;
4. An ABG procedure;
5. Any specialty areas within your facility;
6. Basic floor care; and
7. Explain your roles and responsibilities and allow the student to ask questions.

Upon completion of this experience, you may return this form to the RT student or mail it to: Dalton State College, Respiratory Technology Program, 650 College Drive, Dalton, GA 30720.

Please do not hesitate to contact me at 706.272.4554 or mpierce@daltonstate.edu if you have questions or if I may be of any assistance whatsoever. Thank you again for your time and commitment to the future of respiratory care.

Sincerely,

Max Pierce
Program Director

Verification of clinical shadowing experience:

_____
RT Name/Credentials

_____/_____/_____
Date Hospital/Facility Length of Visit