

NORTHWEST
MISSISSIPPI COMMUNITY COLLEGE
SCHOOL OF HEALTH SCIENCES

Respiratory Therapy Program
Prospective Student Observation Log

Student Name: _____
Student Phone Number: _____

Date: _____

Preceptor Name: _____

Observation Record

Facility Name	Time In	Time Out	Total Hours	Student Initials

Synopsis of the daily activity:

_____

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Observation Guidelines & Requirements

- **Methodist Facilities:** Observation time **cannot exceed 4 hours per visit**.
- **Baptist Facilities:** Observation time **cannot exceed 4 hours per visit**. A **completed form or special permission must be granted** prior to observation.
- A **signed Shadowing Agreement** must be **completed and submitted before the scheduled observation day**.
- Students must follow all facility policies, dress code, and professionalism standards.

Scheduling & Contact Information

To schedule an observation or for additional information, please contact:

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Director of Clinical Education
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📞 662-280-6155

