DENTAL HYGIENE OBSERVATION/WORK EXPERIENCE FORM

The person who supervises the observation/experience must sign the statement of observation/work experience form. When completing this statement, indicate the types of dental-related experience. Question #4 should be itemized as to hours, days, weeks, etc. PLEASE ESTIMATE THE TOTAL NUMBER OF HOURS OF OBSERVATION/WORK EXPERIENCE. This document will be given consideration as a factor in the applicant's admission to the program.

1. Applicant Name		SS#	
2	Salaried Employee	Unsalaried Employee	
3. Please	check all applicable types of exper	rience that pertain to the applicant.	
	_ Observed dental procedure	Performed reception-secretary dutie	
	_ Assisted chairside	Provided patient education	
	Performed expanded duties; specif	y	
	Performed laboratory procedures		
	Other; specify		
completing Date under s	the following: supervision:	dental hygiene-related work and/or observation by	
completing Date under s	the following:		
Date under s Hours per Da	the following: supervision:		
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This form must be completed and returned by February 15, 2003 to:

LCC Office of Admissions 200 Oswald Building, Cooper Drive Lexington, KY 40506-0235

LEXINGTON COMMUNITY COLLEGE

NUCLEAR MEDICINE TECHNOLOGY OBSERVATION FORM

THIS IS TO CERTIFY THAT _		
SS# .		_
HAS COMPLETED	_ HOURS OF OBSERVATION	I AT
	ON	
(HOSPITAL)		(DATE/DATES)
CHIFF TECHNOLOGIST OR S	SUPERVISOR	

INSTRUCTIONS

The student should:

- 1. Contact the Nuclear Medicine Department of the hospital in which you wish to perform your observation.
- 2. Set up a time with the Chief Technologist/Supervisor for your observation.
- 3. Complete the top portion of this form.
- 4. Have the Chief Technologist/Supervisor sign the form.

This form must be completed and returned by February 15, 2003 to:

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LEXINGTON COMMUNITY COLLEGE

RADIOGRAPHY OBSERVATION/WORK EXPERIENCE FORM

Please inform the clinical instructor or supervising technologist if there is any chance that you could be pregnant.

Applicant name	SS#	
Areas applicant may observe: (Please check all applicable	e categories).	
Basic routine radiography	Fluoroscopy	
Reception area	Film storage area	
Emergency room		
3. Amount of time devoted:		
Date(s) under supervision:		
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Radiography Observation/Work Experience waived by:		
Radiography Observation/Work Experience waived by: 4. Any additional comments you wish to make about the ap		
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LEXINGTON COMMUNITY COLLEGE

RESPIRATORY CARE OBSERVATION/WORK EXPERIENCE FORM

Applicants are encouraged to complete the observation/work experience requirement with our clinical faculty. However, the observation may be completed in any respiratory care department. To arrange an observation experience with program faculty, please call the program coordinator at (859) 257-4872, ext. 4106 or a program faculty member at (859) 257-4872, ext. 4107.

To ensure the candidate has an adequate exposure to the field of respiratory care, it is recommended that an observation experience last a minimum of four hours and include at least five of the procedures listed below.

1. Applicant name		SS#			
2. Salaried Employee	Unsalaried Employee	Observation			
3. Type of experience that pertains to Mechanical Ventilation Bronchial Hygiene Therapy Arterial Blood Gases	the applicant (please check all Delivery of Ae Oxygen Admin Pulmonary Fun	rosolized Medications			
4. Date(s) of observation:5. Approximate number of hours spent					
Signature of person supervising observation/work	Signature of applicant				
Date	Date				
This form must be completed and returned to:					

LCC Office of Admissions 200 Oswald Building, Cooper Drive Lexington, Kentucky 40506-0235.