

# INITIAL SET-UP OF OBSERVATION/JOB-RELATED EXPERIENCE

Each applicant to the State Technical College of Missouri Practical Nursing program is required to **set up** and complete a total of 4 observation hours other than your current place of employment. **Two forms** must be submitted in order to receive credit for the observation experience. **This form (1 of 2)** must be submitted to comply with requirements for application to the program, and should be completed by the contact person overseeing initial set-up of the observation experience.

**Completed by Applicant:**

Applicant's Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Completed by Facility Personnel:**

I have assisted the practical nursing applicant named above to set up an observation with a **Licensed Practical Nurse (LPN) or Registered Nurse (RN)**, which may have included orientation to the clinical facility prior to the observation in the field of (place a check (✓) in the appropriate box below):

	PRACTICAL NURSING	Description:
	Skilled Nursing (LTC)	
	Clinic	
	Hospital Acute Care Unit	
	Other (Please Explain)	

ANSWER THE FOLLOWING QUESTIONS REGARDING THE INITIAL SET-UP OF THE OBSERVATION EXPERIENCE:	
How were you contacted by the applicant to set up the observation experience?	
Who contacted you to set up the observation experience?	
Within what time frame did the applicant expect to complete the observation experience, and in what time frame did he/she complete the observation experience?	
Was the applicant professional during the set up of the observation experience?	
Was the applicant dressed appropriately for orientation (if applicable) prior to the observation experience?	

*I certify that the above information is accurate to my knowledge.*

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Please email completed form to:

**STATE TECHNICAL COLLEGE OF MISSOURI**  
[admissions@statetechmo.edu](mailto:admissions@statetechmo.edu)  
 Telephone: 573-897-5000