

# OZARKS TECHNICAL COMMUNITY COLLEGE

## Surgical Technology Job Shadowing/Observation Form

Not required but recommended

### A. Confidentiality Statement (to be completed by the applicant)

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

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

As part of the admissions process, Surgical Technology Program applicants are encouraged to spend 3 hours of observation in a surgical setting. This is not required as part of the admission process but is recommended. Points will be given for observation hours completed.

Please make arrangements with an office representative at a hospital surgical setting for a convenient time and appropriate attire.

As an observer in a surgical setting, the applicant will have access to protected health information (PHI). PHI is individually-identifiable information that includes, but is not limited to, patient's name, identification number(s), birth date, treatment dates, and photographs. PHI includes patient information based on examination, test results, diagnoses, and responses to treatment, observation, or conversation with the patient. It is the policy of the OTC Surgical Technology Program to keep PHI confidential and secure.

**BY MY SIGNATURE BELOW** I acknowledge that I understand and agree to keep all PHI confidential. I understand that failure to comply with this policy will affect my applicant status. I understand that the confidentiality and security of PHI is protected through state and federal laws, and that unwarranted disclosure of patient information is in violation of legal authority, and may result in civil and criminal penalties.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### A. Verification (to be completed by the Doctor or Surgical Site Representative)

As part of the admission process into the **Surgical Technology Program**, applicants are encouraged to spend at least 3 hours of observation time in a surgical setting. Thank you for your willingness to assist these potential surgical technology students and the Surgical Technology Program at Ozarks Technical Community College.

This is to verify that \_\_\_\_\_ (observer name) has visited the surgical site of

\_\_\_\_\_ And observed the following types of

Treatments/Techniques:

\_\_\_\_\_  
Date, Time of Observation, and Total Hours completed: \_\_\_\_\_

Comments: \_\_\_\_\_

*Note: Additional Comments can be written on the back of this sheet*

Signature of Doctor or Surgical Site Rep. \_\_\_\_\_ Date \_\_\_\_\_

### Directions:

- Email to [alliedhealth@otc.edu](mailto:alliedhealth@otc.edu)
- Fax to (417) 447-8806
- Hand-carry to Allied Health Office (Lincoln Hall, room 210)