REDWOOD AREA HOSPITAL
STRONG Healthcare. STRONG Community.

CAREER OBSERVATION EXPERIENCE APPLICATION

Participant Application Information

Name: _____
Last First Middle Initial

Address: _____
Street / PO Box City State Zip

Phone: _____ E-Mail Address: _____

School _____ High School ☐ Junior or ☐ Senior

Requested Observation Area(s):

☐ Acute Care ☐ Laboratory ☐ Occupational Therapy

☐ Physical Therapy ☐ Radiology/Imaging ☐ Speech Therapy

☐ Other _____

Purpose of Request:

☐ Course Requirement ☐ Other _____

☐ Program Pre-requisite

Length of Observation for individuals completing program pre-requisite requirements (maximum of 16 hours):_____

Length of Observation for all other requests (maximum of 4 hours at discretion of manager): _____

Date(s) Requested: _____

List three goals you would like to achieve through a career observation experience:

1.
2.
3.