



Observation Request Sheet

The Observation Experience allows students who are interested in the healthcare field to spend time with a person who performs work which is related to the student's career interest. This experience can include an interview with a DCMC employee, a tour of the specific department, and a tour of the hospital. **The Emergency Department, Birthing Center and Surgical Services are excluded from a direct observation experience these areas would include an Interview Experience.**

Please fill out this information and return to Renee Glesner Education Coordinator so she can start the approval process for your observation experience. If this information is not complete, it will slow down the process of the observation experience.

If this is a requirement of the student's course work, It is the student's responsibility to let the school know about any absences due to a job shadow experience.

Student Name					
Preferred Method of being contacted (check desired method)	Phone	Text	Email		
Student Contact Information (type your contact info)	Phone:				
	Email:				
Desired Department for Observation					
Preferred Day(s) of the Week	Monday	Tuesday	Wednesday	Thursday	Friday
Preferred Time(s) of the Week					
How many hours needed if program related.	Hours Required				
Name of school if related to a program	Personal Request	School requirement: Name of school			

Observation Contact: **Renee Glesner RN, MSN**
Education Coordinator, **Door County Medical Center**
Phone (920) 746-3563
Fax (920)818-1087
<http://dcmedical.org>

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