



STUDENT EXPERIENCE & OBSERVATION TIPS

Observation hours are a required part of the admissions process for the Veterinary Medical Technology program. The goal is for you to see a professional interact with others in the workplace and utilize different skills. If you like what you see, you may know that you are pursuing the right career choice. If you are not comfortable with what you experience, you may wish to consider a different pathway. To make this experience meaningful, some preparation on your part is needed. Hopefully you will find the following tips helpful.

Contact the office for an Observation Opportunity

People generally enjoy talking about their work and being asked for advice if they are approached respectfully. When calling for an observation opportunity, make sure you follow these guidelines:

- Introduce yourself clearly
- Indicate you are calling to schedule an observation as a prospective student at Central Carolina Community College
- Ask for a specific amount of time (40 hours) to complete the job shadowing
- Call the day before to confirm your appointment

Attire to wear while completing the observation

It is important to be dressed appropriately for the office you are visiting. Remember, you are a guest in their practice and during client appointments

- Clothing must be clean, and hair must be clean and neat
- Any jewelry should be kept simple and perfume used in moderation (If in doubt, don't)
- No hats, no shorts, and no chewing gum
- Business casual slacks, closed toed shoes, and a nice collared shirt or blouse would be appropriate (Jeans, t-shirts, sleeveless tops and sandals are NOT appropriate)

Arriving at the Office

- Arrive for your appointment a few minutes early (do not be late)
- Be courteous and friendly
- Have paper and pencil to take notes, and make sure to have good eye contact
- Comply with all worksite safety rules
- Maintain absolute client / patient confidentiality at all times, and after you leave

A few simple questions might include

- What is a typical day in practice like?
- What do you find most enjoyable? Most challenging?
- How did you happen to choose this career?
- What skills are needed to do this job?

Follow-Up

After you leave the observation, make sure to have the employee sign your job shadowing form. Remember to send a "Thank You" note that mentions something of specific value that the person said during the observation or that you learned about the job.

**VETERINARY MEDICAL TECHNOLOGY PROGRAM
STUDENT EXPERIENCE & OBSERVATION VERIFICATION FORM**

As a part of the admissions process into the Central Carolina Community College Veterinary Medical Technology Program, students have the opportunity to demonstrate a minimum of 40 hours work/volunteer experience in the veterinary field. These 40 hours should be completed under the supervision of a veterinarian or a registered, licensed, or certified veterinary technician. Exceptions to this policy may be made on a case-by-case basis by the VMT Program Director and the appropriate Academic Dean.

Applicant: (Please print) Name: _____ Address: _____ _____ Telephone: _____ Student ID: _____	Veterinarian or Technician: (Please print) Name: _____ Address: _____ _____ Telephone: _____
<i>Approximate date range that hours were completed during (example: 1/1/15 – 3/10/15):</i> _____	

<i>Please indicate this applicant's <u>level of experience</u> with the following categories:</i>	
Animal Restraint	<input type="checkbox"/> Performed >10 times <input type="checkbox"/> Performed 1-10 times <input type="checkbox"/> Observed only
Animal Care Duties	<input type="checkbox"/> Performed >10 times <input type="checkbox"/> Performed 1-10 times <input type="checkbox"/> Observed only
Facilities Cleaning	<input type="checkbox"/> Performed >10 times <input type="checkbox"/> Performed 1-10 times <input type="checkbox"/> Observed only
Lab/Pharmacy Duties	<input type="checkbox"/> Performed >10 times <input type="checkbox"/> Performed 1-10 times <input type="checkbox"/> Observed only

<i>Please <u>evaluate this applicant</u> utilizing the provided scale:</i>	
Assumes responsibility:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Is motivated; shows interest:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Has good work habits; is disciplined:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Ability to work with others:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Ability to work alone:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A

<u>OPTIONAL:</u> Please elaborate on any information provided above or feel free to provide any further information you would like to include in consideration of this candidate (please use the back of this form for additional space):
--

LOG OF OBSERVATION HOURS

[illegible]

I hereby verify that this applicant has met the above requirements and understand that I may be briefly contacted regarding the provided information. Under the Federal Education Rights and Privacy Act of 1974, I understand the student will have access to this form as part of their educational record.

Veterinarian or Technician Signature: _____ Date: _____