

**MEDICAL ASSISTANT PROGRAM OBSERVATION REPORT (JOB SHADOW)**

**SATC MEDICAL ASSISTANT PROGRAM** strongly suggests a prospective medical assistant student to have at least 4 hours observing in a medical clinic / office. At the end of the observation please, please have an office member sign this form documenting when and where you completed your observation.

You are required to complete an essay regarding your observation experience. The essay must contain the following criteria:

1. Title page
2. Typed 2-page essay (not including title page)
3. Double spaced using Calibri Body 12-pt font

The essay should address the following questions:

1. Why do you want to be a Medical Assistant?
2. What were your expectations prior to this visit of what a medical assistant would be doing?
3. How did your observations compare with your expectations?
4. Which of the observed procedures would you enjoy doing the most and WHY?
5. Which of the observed procedures would you enjoy doing the least and WHY?
6. How did the observation influence your decision to pursue a career as a medical assistant?
7. Please list what procedures/job duties you observed during your observation.

**Medical Office Observed:** \_\_\_\_\_

**Address of Medical Office:** \_\_\_\_\_

**Date of Observation:** \_\_\_\_\_ **Hours Observed:** \_\_\_\_\_

\_\_\_\_\_ **Student's Name (printed)**

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

\_\_\_\_\_ **Office Personnel's Name (printed)**

\_\_\_\_\_ **Office Personnel Signature**

**Office Personnel(s) Shadowed Personnel Signature/Title**

\_\_\_\_\_

**Please return this form and the essay to SATC, Student Services, 2562 Centennial Rd, Salina KS 67401 in person, by mail, email them to [admissions@salinatech.edu](mailto:admissions@salinatech.edu), or fax them to 785-309-3101.**  
**Attention: Amanda Foust**