





# Radiologic Technology Program

DOCUMENTATION OF CAREER SHADOWING EXPERIENCE

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Name of Applicant \_\_\_\_\_

Student Number \_\_\_\_\_ Date/s of Observation \_\_\_\_\_

Hospital \_\_\_\_\_

Radiology Department Phone Number \_\_\_\_\_

Number of Hours in Department \_\_\_\_\_

Supervising Technologist \_\_\_\_\_  
(please print)

Technologist Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant, please describe your observations with emphasis on the tasks that radiologic technologists perform.**

Students who apply to the Radiologic Technology Program will be required to **submit this form at the time of application**. A **total of eight hours of job shadowing is required**, which may be accomplished by completing four hours at two different hospitals or eight hours at one hospital.