

**Student Applicant Name:** \_\_\_\_\_

**Radiology Facility Name:** \_\_\_\_\_

**Date and Time of Scheduled Observation:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

**To the Radiology Facility:**

The applicant should be given the opportunity to **observe various procedures** and gain insight into **the daily workflow** of a radiology department. Observations in **CT, MRI, vascular and ultrasound** are **optional**, but not required.

Please indicate the types of procedures the applicant observed:

**Exams Observed** (Check all that apply):

- General Radiography (e.g., Chest, Abdomen, Extremities)
- Fluoroscopy (e.g., UGI, BE)
- Trauma Radiography
- Portable X-ray Procedures
- Surgery/C-Arm Procedures
- Other: \_\_\_\_\_

**Applicant Characteristics** (Check all that apply):

- Showed **genuine interest** in the field
- Asked **thoughtful questions**
- Displayed **professional behavior**
- Maintained **appropriate dress** and hygiene
- Demonstrated **good communication skills**
- Needed reminders about **professionalism or engagement**

**Supervisor Comments:** (Provide any additional feedback about the applicant's observation experience)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Submission Instructions:**

The **supervising radiographer** should **FAX** this completed form to (251) 445-9347 or submit it directly to the **Department of Radiologic Sciences**. **Thank you for your time in helping future radiologic technologists!**