

**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)

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**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!**