



OBSERVATION FORM

To the Technologist

Applicants to Regional West Medical Center School of Radiologic Technology are required to observe at least four hours in a radiology department. Please complete the below form to acknowledge that the applicant has met these requirements.

_____ observed _____ hours in our Radiology Department

Applicant's Name

on _____

Date of observation

Applicant dressed appropriately yes _____ no _____

Technologist Signature

Technologist Printed Name

Title

Institution

Question to be completed by the applicant. Use an additional sheet of paper to answer this question. Hand written answers will not be accepted.

1. List the exams that were observed. Give a brief explanation of each.

Return this signed form and the essay answers to the question above to the program office by emailing them to: **radiologyschool@rwhs.org**

Due Date: February 20th