

SOUTHWEST VIRGINIA COMMUNITY COLLEGE, VIRGINIA HIGHLANDS COMMUNITY COLLEGE,
COOPERATIVE RADIOLOGIC TECHNOLOGY PROGRAM

SHADOWING / OBSERVATION DOCUMENTATION FORM

Please circle the campus to which the student will be applying: **SWCC** **VHCC**

Student (Printed) Name: _____ EMPLID: _____

The signature(s) verify the student above has visited the Diagnostic Imaging Department of the listed facility, and confirm that the hours were performed as documented.

Students are to submit this completed form to their respective campus, attn. Radiography Applicant, before January 15. **Students should keep a copy for their records and bring with them to the mandatory information session held mid/late-spring semester.**

Date	Facility/Hospital	Time begin	Time end	Length of Shadowing (in hour or 30 minute increments)	Printed name of technologist or clinical instructor	Signature of technologist or clinical instructor
TOTAL SHADOWING/OBSERVATION HOURS: _____						

Student: Please discuss your experience(s). List some exams which you witnessed: _____

This writing section is optional and is neither graded nor counted toward program admission.

By signing this form, the student is certifying that these documented hours are accurate.

Student Signature: _____

Date: _____