



Prepare to be the best.

# Radiography Program Observation Hours Form

This form is used to document the total number of observation hours completed by each Radiography applicant. Applicants are encouraged to observe the practice of radiographers. Observation hours **must be in the DIAGNOSTIC IMAGING DEPARTMENT only and not** in the areas of computed tomography, magnetic resonance imaging, mammography, angiography, imaging informatics, ultrasound, nuclear medicine, radiation therapy or additional settings. Observation hours may be accumulated from more than one facility. **Due to HIPAA regulations, scheduling observation hours may be challenging, and you will need to allow scheduling time. We urge applicants to schedule their observation hours well in advance of the application deadline.**

*Feel free to duplicate this form as necessary.*

**You may choose to go to any facility that has a diagnostic imaging department.** There is a list of possible facilities with diagnostic imaging departments for your reference.

**Upon completion, please upload this form into your application portal.**

Applicant name \_\_\_\_\_

Facility \_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

Total hours applicant spent in the facility \_\_\_\_\_

Additional comments \_\_\_\_\_

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\_\_\_\_\_  
RADIOLOGIC TECHNOLOGIST SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE