



**STATE
TECHNICAL
COLLEGE**
OF MISSOURI

State Technical College of Missouri
Medical Radiologic Technology
One Technology Drive
Linn, MO 65051
Phone 573-897-5000 FAX 573-897-5026
www.statetechmo.edu

Applicant Observation Form

Student Name _____

Address _____

City _____ State _____ Zip _____

Radiology Department _____

Technologist Name _____

Technologist Email _____

Work Address _____

City _____ State _____ Zip _____

Phone Number: Work _____ Fax: _____

Dates and Times of Observation _____

Technologist Signature _____

Individuals considering a career in the radiologic sciences make informed career decisions if their choices are based on personal experiences or observations. Applicants must observe a **total of 24 hours in 2 different radiology departments, one of which must be a hospital setting**. Each experience must be documented on a separate Observation Form. **The technologists who were present for the observations must sign the forms.**

The applicant is responsible for contacting the radiology department manager/supervisor to schedule an observation appointment. **Applicants must read the “Statement of Confidentiality” before the observation begins. The “Statement of Confidentiality” must be signed by the applicant and radiology department manager/supervisor.**

Applicants **must** spend the majority of their observation time in the diagnostic radiology area. Observations spent solely in specialty imaging areas (such as CT, MRI, ultrasound, mammography, nuclear medicine and/or radiation therapy) **will not be accepted**. If the diagnostic imaging department is not busy on the day of the observation, the applicant is strongly encouraged to schedule an additional observation. The applicant is responsible for documenting all additional observation hours.

Professional dress is required during the observation. Jeans, t-shirts, sweatshirts, ripped or revealing clothing, open-toed shoes, or tennis shoes are not allowed. No pierced jewelry shall be worn with the exception of one small earring per earlobe. The applicant’s overall appearance should be neat and clean in order to present a sense of professionalism during interactions with patients and radiology staff. The Medical Radiologic Technology program faculty may inquire with the observation site on the applicant’s display of professionalism and eagerness during the observation.

Student’s Signature _____



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Statement of Confidentiality

Healthcare providers are required by law, to maintain patient confidentiality

Healthcare providers are required by law to maintain patient confidentiality. Before you can job shadow in a radiology department, you must understand that **you are responsible for treating information about patients and patient records with utmost confidentiality**. Following your job shadowing experience, you must not talk about patients who were seen during your observation time or about anything that pertains to the treatment of any patient. **All patient care information must be kept confidential.**

This form must be taken to your selected observation site and signed by you and the radiology manager **before** you begin your observation. This signed "Statement of Confidentiality" must be returned with your "Applicant Observation Form."

I understand that it is my responsibility to respect the confidentiality of the patients and the patient records, to follow procedures in order to protect patient privacy, and to act in a professional manner. I further understand that if I am found acting indiscreetly with confidential material or not protecting the privacy of a patient or others through my actions, I will be dismissed from the observation site immediately. Notification of my dismissal will be made to the Program Director. I recognize that this action is necessary in order to maintain high professional standards and integrity of the site in which I observe.

Please review this form and any observation location rules with the radiology department manager/supervisor. A copy of this form should be maintained at the observation location.

Student's Signature _____

Radiology Manager _____