



Applicant Observation Form

RADIOLOGIC TECHNOLOGY PROGRAM

ONE TECHNOLOGY DRIVE • LINN, MO • 65051 • 573.897.5343

To the applicant: You must observe a minimum of 12 hours with a Registered Radiologic Technologist (RT) in two (2) different radiology settings. One setting must be a hospital. You are responsible for contacting sites to schedule observations and documenting all observation hours. Take this form with you and give it to the RT to complete, sign, and seal in an envelope with the RT's signature across the seal. Submit the sealed envelope with your application packet. Envelopes with broken seals will not be accepted. Professional dress is required during the observation. Before beginning the observation, you must read and sign the Statement of Confidentiality. This must also be signed by the radiology manager or supervisor. You must spend the majority of your 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, you are strongly encouraged to schedule an additional observation.

PRINTED Applicant Name

Observation Site (list only one site per form)

Date(s) of Observation

Total # of Observation Hours

To the Radiologic Technologist: If the information provided above is correct, please complete the section below, sign the form, and return it to the student in a sealed envelope with your signature across the seal. Thank you for sharing your time and expertise. You may contact the Program Director if you have further comments regarding this applicant.

Types of exams the applicant observed at this facility on the above date(s): \_\_\_Emergency \_\_\_Fluoroscopy \_\_\_Geriatric \_\_\_Outpatient \_\_\_Pediatric \_\_\_Portables \_\_\_Surgery \_\_\_Trauma \_\_\_Sterile Procedures

Other: \_\_\_\_\_

The applicant: \_\_\_ Arrived on time \_\_\_ Behaved professionally \_\_\_ Showed interest

Additional comments about the applicant:

PRINTED RT Name

RT Signature

Date

Return to: State Technical College of Missouri Office of Admissions 1 Technology Dr. Linn, MO 65051 Fax: 573.897.5026 admissions@statetechmo.edu

## Statement of Confidentiality

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

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

*I understand that it is my responsibility to respect the confidentiality of patients and 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.

Applicant's PRINTED Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Facility Name (do not abbreviate) \_\_\_\_\_

Radiology Supervisor/Manager \_\_\_\_\_

Return to:  
State Technical College of Missouri  
Office of Admissions  
1 Technology Dr.  
Linn, MO 65051  
Fax: 573.897.5026  
[admissions@statetechmo.edu](mailto:admissions@statetechmo.edu)