

**University of Arkansas for Medical Sciences
College of Health Related Professions
Division of Radiologic Imaging Sciences**

PROFESSIONAL OBSERVATION VERIFICATION FORM

Applicant, print your name here

It is the applicant's responsibility to contact a local hospital and to schedule the professional observation session. The professional observation must be completed by **1 APRIL**.

As part of the application process, every applicant to the radiologic imaging sciences programs is required to complete an observation of at least four hours in a busy radiology department. The observation session must be completed under the supervision of a registered technologist in radiography. The applicant should experience the typical environment for an entry-level technologist including fluoroscopic and genitourinary procedures. Applicants must observe at least **four** of the following **six** procedures in order to satisfy the observation requirement.

You should attend your professional observation dressed appropriately. It is not appropriate to wear jeans, shorts, crop or sleeveless tops, or open toe shoes. Remember you can be comfortable yet look professional. You will be in the examination rooms with patients and should look as though you belong there. Khakis or slacks worn with low heel loafers or clean walking shoes are acceptable.

Please check which procedures the applicant observed. Other procedures also observed should be listed.

<input type="checkbox"/> 1. Chest	<input type="checkbox"/> 2. Extremity	<input type="checkbox"/> 3. Spine	You must observe at least any four of these six procedures.
<input type="checkbox"/> 4. IVP	<input type="checkbox"/> 5. UGI	<input type="checkbox"/> 6. BE	
<input type="checkbox"/> Other _____ <div style="text-align: center;"><i>(list)</i></div>			

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This is to verify that \_\_\_\_\_ spent a total of \_\_\_\_\_ hours in observation  
(print applicant's name) (4 minimum)  
 and discussion of the professional duties and responsibilities of a Radiologic Technologist

on \_\_\_\_\_ at \_\_\_\_\_  
(date) (print name of hospital)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Note: This form is not valid unless signed by the individual conducting the observation.**

**PLEASE COMPLETE PAGE TWO ALSO**

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*Applicant, print your name here*

We strive to provide graduates with the professional characteristics you desire to meet your employment expectations. Your input can help us identify qualified applicants. Please respond to this observation evaluation in a timely manner.

Did this individual arrive when expected?

Yes  No; please explain: \_\_\_\_\_

Was this individual attentive?

Yes  No; please explain: \_\_\_\_\_

Did this individual ask relevant questions?

Yes  No; please explain: \_\_\_\_\_

Were this individual's comments consistent with your professional expectations for employment?

Yes  No; please explain: \_\_\_\_\_

Did this individual interact well with other staff?

Yes  No; please explain: \_\_\_\_\_

Did this individual behave in a mature, confident manner?

Yes  No; please explain: \_\_\_\_\_

Is this individual the type of person you would consider for employment?

Yes  No; please explain: \_\_\_\_\_

Any additional comments may be made in this space.

**Do not return this form to the applicant. Upon completing both sides of this form, please mail it to the following address:**

**University of Arkansas for Medical Sciences  
College of Health Related Professions - Slot 619  
4301 West Markham  
Little Rock, AR 72205**

**501-686-5730  
FAX 501-686-6855**

Applicant: when you attend your observation session, please provide the radiologic technologist with a stamped and addressed return envelope.

Applicant: use this address on your envelope.