**RADIOLOGIC SCIENCE PROGRAM**

**CLINICAL OBSERVATION FORM**

**PROSPECTIVE STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Observation hours must be completed between **September 1st and March 1st** for the year the student intends to enter the program. Eight hours are required. This form is due in the application by **March 1st**. The application opens January 1st and can be found on the [Radiologic Science Website](https://www.etsu.edu/chs/allied-health/radiologic/apply.php).

| **FACILITY/HOSPITAL** | **DATE OF OBSERVATION** | **LENGTH OF OBSERVATION****(in hour or 30 min intervals)** | **NAME OF CLINICAL INSTRUCTOR OR TECHNOLOGIST** | **SIGNATURE OF CLINICAL INSTRUCTOR OR TECHNOLOGIST**  |
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**Note: Hours must be done in radiography; other modalities will not count.**

***Cell phone use during clinical observation is prohibited.***