

SOUTHWEST VIRGINIA COMMUNITY COLLEGE, VIRGINIA HIGHLANDS COMMUNITY COLLEGE,  
**COOPERATIVE RADIOLOGIC TECHNOLOGY PROGRAM**

**SHADOWING / OBSERVATION DOCUMENTATION FORM**

*Please circle the campus to which the student will be applying:*                      **SWCC**                      **VHCC**

Student (Printed) Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_

*The signature(s) verify the student above has visited the Diagnostic Imaging Department of the listed facility, and confirm that the hours were performed as documented.*

Students are to submit this completed form to their respective campus, attn. Radiography Applicant, before January 15. **Students should keep a copy for their records and bring with them to the mandatory information session held mid/late-spring semester.**

Date	Facility/Hospital	Time begin	Time end	Length of Shadowing (in hour or 30 minute increments)	Printed name of technologist or clinical instructor	Signature of technologist or clinical instructor
<b>TOTAL SHADOWING/OBSERVATION HOURS:</b> _____						

Student: Please discuss your experience(s). List some exams which you witnessed: \_\_\_\_\_

\_\_\_\_\_

*\*This writing section is optional and is neither graded nor counted toward program admission.\**

By signing this form, the student is certifying that these documented hours are accurate.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_