MISSOULA COLLEGE of the UNIVERSITY OF MONTANA

Radiological Technology Program Job Shadow Form

YOU MUST HAVE THIS FORM WITH YOU WHEN JOB SHADOWING OR YOU WILL BE ASKED TO LEAVE THE FACILITY AND TO SCHEDULE ANOTHER APPOINTMENT

Please complete the following questions while performing your Job Shadow observations. Maintain this form for inclusion in your application into the Radiologic Technology Program. Your application packet for acceptance into the Program will be considered incomplete without the inclusion of this form.

Student’s name: ______________________________________________________________

Date of observation: ___________________________________________________________

Facility where observation took place: __________________________________________

Time observation took place (arrival to departure): ________________________________

Total number of hours of observation: __________________________________________

Signature of a Registered Radiographic Technologist who was present during observations:
____________________________________________________________________________

Please report on three DIFFERENT TYPES of exams that you observe during your time Job Shadowing.

Exam #1: ___________________________ Exam Room: _____________________________

Technologist(s) involved in exam: _______________________________________________

Gross anatomy visualized on final images: ________________________________
____________________________________________________________________________

Were any special preparations, adaptations, equipment, devices, and/or accommodations used by the technologist or the patient, and for what specific purpose?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What is the reason this exam was ordered/why is the exam being done? ______________
____________________________________________________________________________
Exam #2: ____________________________  Exam Room: ____________________________

Technologist(s) involved in this exam: ____________________________________________

Gross anatomy visualized on final images: _______________________________________

Were any special preparations, adaptations, equipment, devices, and/or accommodations used by the technologist or the patient, and for what specific purpose? ____________________________

______________________________________________________________________________

What is the reason this exam was ordered/why is the exam being done? ______________

______________________________________________________________________________

Exam #3: ____________________________  Exam Room: ____________________________

Technologist(s) involved in this exam: ____________________________________________

Gross anatomy visualized on final images: _______________________________________

Were any special preparations, adaptations, equipment, devices, and/or accommodations used by the technologist or the patient, and for what specific purpose? ____________________________

______________________________________________________________________________

What was the reason this exam was ordered/why was this exam being done?

______________________________________________________________________________

______________________________________________________________________________

What does **PACS** stand for and how is it used in the Radiology Department? ____________

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