

Name:		
are required to visit a loca Radiologic Technologist. arrangements for the obse	I hospital imaging department of the will be your responsibility to rvation. A minimum of 8 hour ue, along with a 300 word narrows.	ity College's Radiology program, you to observe the daily job duties of a contact your local hospital and make is required. This completed form must ative describing your observations, on
Name and Address of the	Imaging Department you obser	rved:
_		
The Allied Health Instruc	tor or Supervising Radiologic T	Fechnologist must sign:
Allied Health Instructor or Supervising R.T (R)		Imaging Department/Hospital
Date		

If you have any questions, please contact Becky LaDue, Radiology Program Director at 518.891.2915 ext. 1291 or bladue@nccc.edu.