



**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](#).

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

Note: Hours must be done in radiography; other modalities will not count.
Cell phone use during clinical observation is prohibited.