

Cardiac and Vascular Imaging | Applicant Observation Form

To the Chief or Supervisory Technologist:	
Loma Linda University, in Cardiac and V student is being asked to spend a minimu Interventional Radiology department.	, has applied to the Special Imaging Program at ascular Imaging. As part of the application procedure, this prospective in of eight (8) hours of observation in a Cardiac Catheterization Lab and/o his form will validate the 8 hours of observation by the applicant in your his individual to have a more realistic and knowledgeable view of what is
We would appreciate your taking the time to briefly talk to this individual about the profession, giving some idea of what a radiographer in your specialty actually does, what type of work hours might be expected, what the pay scale i in your area, etc. We would like the applicant to observe as many different exams as possible in these areas.	
Hours in observation:	
Name:	Date Position
Signature:	
Facility Name:	Facility Phone:
Facility Address:	
Department of Radiation Technology, N	quirement, please check and sign this form, returning it to the SAHP H A829. The applicant should provide the necessary postage. Thank you fant become better acquainted with our profession.
Sincerely,	
n	

Rob Cruise

Rob Cruise, RT (R) (MR) (CT) Program Director Department of Radiation Technology Loma Linda University