



LOMA LINDA UNIVERSITY  
School of Allied Health Professions

**Computed Tomography | Applicant Observation Form**

To the Chief or Supervisory Technologist:

The following applicant, \_\_\_\_\_, has applied to the Special Imaging Program at Loma Linda University, in Computed Tomography. As part of the application procedure, this prospective student is being asked to spend a minimum of twelve (12) hours of observation in a CT department. This form will validate the 8 hours of observation by the applicant in Computed Tomography. This will hopefully enable this individual to have a more realistic and knowledgeable view of what is required of a technologist in this area.

We would appreciate your taking the time to briefly talk to this individual about the profession, giving some idea of what a radiographer actually does, what type of work hours might be expected, what the pay scale is in your area, etc. We would like the applicant to observe as many different exams as possible in CT.

Hours in observation: \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

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

Facility Name: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

Facility Address: \_\_\_\_\_

After the applicant has completed this requirement, please check and sign this form, returning it to the SAHP Department of Radiation Technology, NH A829. The applicant should provide the necessary postage. Thank you for your time and effort in helping this applicant become better acquainted with our profession.

Sincerely,

*Kate Cockrill*

Kate Cockrill, BA, RT (R) (MR)  
Program Director  
Department of Radiation Technology  
Loma Linda University

*A Seventh-day Adventist Institution*

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