



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 12 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: _____ (minimum of 12)

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, MA, RT (R) (MR) (ARRT)
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A Seventh-day Adventist Institution

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