



LOMA LINDA UNIVERSITY  
School of Allied Health Professions

**Cardiac and Vascular Imaging | Applicant Observation Form**

To the Chief or Supervisory Technologist:

The following applicant, \_\_\_\_\_, has applied to the Special Imaging Program at Loma Linda University in Cardiac and Vascular Imaging. As part of the application procedure, this prospective student is asked to spend at least twelve (12) hours of observation in a Cardiac Catheterization and Interventional Radiology department. This form will validate the 12 hours of observation by the applicant in your department. This will give this individual a more realistic and knowledgeable view of what is required of a technologist in this area.

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

Hours in observation: \_\_\_\_\_ (minimum of 12)

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

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

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

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

After the applicant has completed this requirement, please complete, and sign this form, returning it via email to me directly at [spsanchez@llu.edu](mailto:spsanchez@llu.edu). Thank you for your time and effort in helping this applicant become acquainted with our profession.

Sincerely,

**Suzette Paredes Sanchez, MS, R.T. (R)(ARRT)**

*Assistant Professor, Department of Radiation Technology*

*Program Director, Special Imaging*

*Clinical Coordinator, Special Imaging*

*A Seventh-day Adventist Institution*

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