

## Radiography Applicant Observation Form AS in Medical Radiography & Entry-Level BS in Radiation Sciences

## **COMPLETION OF 8-HOURS OF OBSERVATION**

	☐ LLUMC	☐ Other Hospital	☐ 8-hours Videos	☐ 4-5 page paper
To the	e Supervisory Tec	hnologist or Clinical Pr	receptor:	
The following applicant,				
your o	department. Some s, trauma, surgery	of the items we would	like the applicant to obse	ographic areas and exams within erve are: contrast exams, portable ostic procedures specific to your
	the applicant has this form to the a	-	s of observation, please f	ill out the information below and
Print ?	Name:		Position:	
Signa	ture:		Date:	<del></del>
Facili	ty Name:		Facility Pho	ne:
Thank you so much for facilitating the observation time for this applicant. This is an important part of their journey toward attending a program here at LLU and becoming better acquainted with this profession.				
Since	rely,			
Bi	venda Boyd	,		
Depai LOM	tment of Radiation A LINDA UNIVI	T.(R)(M)(ARRT), Program on Technology Program ERSITY   School of All lichol Hall, Room A829	ied Health Professions	Professor

Loma Linda, California 92350 office 909-558-4931 (x81781) · fax 909-558-7965 (x87965)

<sup>\*</sup>Applicant: Please upload this form to the application checklist portal when asked for it.