



LOMA LINDA UNIVERSITY  
School of Allied Health Professions

**Cardiac Electrophysiology Technology | Applicant Observation Form**

To the Chief or Supervisory Technologist:

The following applicant, \_\_\_\_\_, has applied to the Cardiac Electrophysiology Program at Loma Linda University. As part of the application procedure, this prospective student is being asked to observe at least two electrophysiology procedures. This form will validate the 2 observations by the applicant in your department. 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 in your specialty 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 these areas.

Number of cases observed: \_\_\_\_\_

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,

*Rob Cruise*

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