

**MADISONVILLE COMMUNITY COLLEGE
HEALTH CAMPUS
RADIOGRAPHY PROGRAM**

**CLINICAL OBSERVATION
VERIFICATION STATEMENT**

APPLICANT NAME: _____

HOSPITAL OR CLINIC: _____

DATE(S) OBSERVED: _____

NUMBER OF HOURS OBSERVED: _____

LIST THE RADIOGRAPHIC EXAMINATIONS THAT YOU OBSERVED: We **require** the following examinations be observed: UGI, BE, and IVP. We request that you observe a wide variety of other exams performed in diagnostic radiology. The remaining examinations may be any routine exam that is performed in diagnostic radiology (Observation privileges are at the discretion of the clinical facility.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

WHAT DID YOU DISLIKE MOST ABOUT YOUR CLINICAL OBSERVATION? _____

ADDITIONAL COMMENTS: _____

Signature of Staff Radiographer(s): _____

Signature of Applicant: _____

Observation time is to be scheduled by contacting the Chief Technologist at the Radiography Facility of your choice. Please wear comfortable, yet professional clothing and shoes. Do not wear blue jeans or strong perfumes.

This form is part of the application requirements for the Radiography Program. It is used for counseling purposes. You are requested to complete this form at the time of your observation(s) and return it to the following address in order for your application to be complete.

Return to:

**Tonia Gibson
MADISONVILLE COMMUNITY COLLEGE
Health Campus
750 N. Laffoon Street
Madisonville, KY 42431**

Madisonville Community College is a member of the Kentucky Community and Technical College System and is accredited by the Southern Association of College and Schools (SACS).
Equal Education and Employment Opportunities M/F/D

Observation Participant Log

Participant's Name: _____ Date: _____

Radiographer's Name: _____ Facility: _____

1. Describe what the duties of a radiographer are based on your observation:

2. Name other health care professionals the radiographer interacts (works) with on a daily basis and tell why

3. Describe the types of equipment the radiographer works with and what the equipment is used for:

4. Describe your feelings about the health career after spending time with the radiographer, i.e., have your feelings about the health career changed, are you still interest in it? Why or Why not?
