

Northeast Iowa Community College

Job Shadow Verification Form - submit to the Radiologic Technology Program Director

The Radiologic Technology Program recommends that applicants complete a 4-6 hour job shadow prior to admission into the program. This can be completed at multiple facilities. Permission must be obtained through the Human Resources/Education department at the health facility.

Applicant's First and Last Name _____

The above named applicant has spent _____ hours shadowing in the Radiology Department

at _____ . (_____) _____
Hospital/Clinic Telephone Number of Hospital/Clinic

The applicant has observed the following procedures:

Signature of Technologist

Printed Name of Technologist

Date