

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
COLLEGE OF HEALTH PROFESSIONS
DIVISION OF NUCLEAR MEDICINE IMAGING SCIENCES

PROFESSIONAL OBSERVATION FORM

Applicant Name _____

Upon completion of the tour please ask the department representative who conducted the tour to complete this form and submit to the link below. Applicants will not be interviewed unless this form is complete.

University of Arkansas for Medical Sciences
College of Health Professions

For questions or assistance, please contact 501-686-5730.

Submit Form to: <https://healthprofessions.uams.edu/submit-observation/>

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To be completed by the individual conducting the tour

Name: _____

Title: _____

Institution: _____

Date: _____

Please allow the applicant to observe as many of the procedures listed below as possible. The purpose of the observation day is to acquaint the applicant with routine nuclear medicine procedures. At least 4 (four) observation hours in a nuclear medicine department must be documented.

| | | | |
|--------------------------------|-------|---------------------|-------|
| Bone | _____ | Thyroid | _____ |
| Liver-spleen | _____ | Lung | _____ |
| Hepatobiliary | _____ | Gastrointestinal | _____ |
| Cardiac | _____ | Renal | _____ |
| Brain | _____ | Abscess/Infection | _____ |
| PET CT | _____ | Dose Administration | _____ |
| Other: <i>(Please specify)</i> | _____ | | |

NOTE: All observations should be completed at a facility affiliated with the UAMS, Nuclear Medicine program. If this is not possible, please be aware that the facility chosen may have additional requirements to be completed prior to performing the observation.