

**University of Arkansas for Medical Sciences  
College of Health Professions  
Division of Radiologic Imaging Sciences  
PROFESSIONAL OBSERVATION VERIFICATION FORM**

***Applicant, print your name here***

In order to observe, applicants must be 18 years or older. ID may be required. Scheduling the observation is different for each site. Students applying to the Fayetteville program should contact Washington Regional Medical Center at (479) 463-1000 and ask for the radiology department. Students applying to the Little Rock program should go to the Little Rock VA, Monday – Thursday 8am. No appointment necessary. Observation forms are good for one year.

**The professional observation must be completed by 1 MARCH (early consideration deadline) 1 May (application deadline).**

As part of the application process, every applicant to the Radiologic Imaging Sciences program is required to complete an observation of a minimum of six hours in a busy radiology department. The observation session must be completed under the supervision of a registered technologist in radiography. The applicant should experience the typical environment for an entry-level technologist, including routine and fluoroscopic procedures. This observation is designed to give applicants a better understanding of the roles and responsibilities of a radiologic technologist. Applicants must observe at least **five** of the following **six** procedures in order to satisfy the observation requirement. You should attend your professional observation dressed appropriately. It is not appropriate to wear jeans, shorts, crop or sleeveless tops, or open toe shoes. Khakis or slacks worn with low heel loafers or clean walking shoes are acceptable. You can be comfortable yet look professional.

**Supervising technologist:** Please check which procedures the applicant observed. Other procedures also observed should be listed.

<b>YOU MUST OBSERVE AT LEAST ANY FIVE OF THESE SIX PROCEDURES.</b>		
_____ 1. Chest	_____ 2. Upper Extremity (3)	_____ 3. Lower Extremity (3)
_____ 4. KUB	_____ 5. Fluoroscopic Procedure	_____ 6. Spine

Please list additional studies/specialty procedures observed:

\_\_\_\_\_ (list)

This is to verify that \_\_\_\_\_ spent a total of \_\_\_\_\_ hours in observation  
(print applicant's name) (6 minimum)

and discussion of the professional duties and responsibilities of a radiologic technologist

on \_\_\_\_\_ at \_\_\_\_\_  
(date) (print name of hospital)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Note: This form is not valid unless signed by the individual conducting the observation.  
PLEASE COMPLETE PAGE TWO ALSO**

**Supervising technologist, please complete this page**

**Applicant name:** \_\_\_\_\_

UAMS strives to provide graduates with the professional characteristics desired to meet employment expectations. Your input can help us identify qualified applicants. Please respond to this observation evaluation in an honest, thorough manner. Thank you for your time and effort.

Did this individual dress appropriately for the clinical setting?

\_\_\_\_\_ Yes \_\_\_\_\_ No; please explain: \_\_\_\_\_

Was this individual attentive?

\_\_\_\_\_ Yes \_\_\_\_\_ No; please explain: \_\_\_\_\_

Did this individual ask relevant questions?

\_\_\_\_\_ Yes \_\_\_\_\_ No; please explain: \_\_\_\_\_

Were this individual's comments consistent with your professional expectations for employment?

\_\_\_\_\_ Yes \_\_\_\_\_ No; please explain: \_\_\_\_\_

Did this individual interact well with other staff?

\_\_\_\_\_ Yes \_\_\_\_\_ No; please explain: \_\_\_\_\_

Did this individual behave in a mature, confident manner?

\_\_\_\_\_ Yes \_\_\_\_\_ No; please explain: \_\_\_\_\_

Is this individual the type of person you would consider for employment?

\_\_\_\_\_ Yes \_\_\_\_\_ No; please explain: \_\_\_\_\_

Any additional comments may be made in this space.

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**Do not return this form to the applicant. Upon completing both sides of this form, please mail it to the following address:**

**University of Arkansas for Medical Sciences  
CHP Welcome Center - Slot 619  
4301 West Markham  
Little Rock, AR 72205-7199  
501-686-5730  
FAX 501-686-6855**

Applicant: when you attend your observation session, please provide the radiologic technologist with a stamped envelope, addressed to the address above.