

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 return it by mail or fax (501-686-6855). Applicants will not be interviewed unless this form is complete.

UAMS - College of Health Professions
Division of Nuclear Medicine Imaging Sciences
4301 West Markham, #619
Little Rock, AR 72205

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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 four (4) 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: (Please specify)	_____		

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.