

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/>

.....  
*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.