

Applicant Name: _____

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

This observation form is for students applying to the Radiologic Imaging Sciences program in **Little Rock, AR.**

Applicants may choose from one of the two locations listed below:

- (1) John L. McClellan Memorial Veterans Hospital – Little Rock
 - a. Arrive at 8:00 am, Monday – Thursday (not open on federal holidays)
 - b. No appointment is necessary (please check in at the front desk and notify them you are observing in the Radiology department).

- (2) UAMS: The Orthopaedic and Spine Hospital (TOSH) – Little Rock
 - a. Arrive at 8:00 am, Tuesday - Thursday (not open on federal holidays)
 - b. Please call 501-526-8139 to schedule an appointment.

Observation forms are good for two years.

The professional observation must be completed by May 1st (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 radiographer, 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. Business casual attire or scrubs with comfortable shoes is recommended. It is not appropriate to wear jeans, shorts, crop or sleeveless tops, or open-toe shoes.

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

FIVE OF THE SIX PROCEDURES MUST BE OBSERVED TO SATISFY THE OBSERVATION.

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> 1. Chest | <input type="checkbox"/> 2. Upper Extremity (3) | <input type="checkbox"/> 3. Lower Extremity (3) |
| <input type="checkbox"/> 4. KUB | <input type="checkbox"/> 5. Fluoroscopic Procedure | <input type="checkbox"/> 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)

on _____ at _____
(date) (print name of hospital)

Applicant Name: _____

Supervising technologist, please complete this page.

Your input can help us identify qualified applicants. Based on the applicant's observation time in the clinical setting, please respond to this evaluation in an honest, thorough manner. Thank you for your time and effort.

Please rate the applicant in terms of the following qualities:

	Superior	Good	Average	Fair	Poor
Attire and appearance were appropriate for the clinical setting					
Punctuality (arrival, breaks, duration)					
Initiative and attentiveness					
Posed relevant questions and comments					
Interactions with technologists and/or students					
Maturity and professionalism					
Teachability and ability to accept constructive criticism					

Any additional comments may be made in this space.

Do not return this form to the applicant. Upon completing both pages of this form, submit to the link below.

University of Arkansas for Medical Sciences
College of Health Professions Admissions

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

Submit Form to:

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

PLEASE COMPLETE BOTH PAGES OF THE FORM