



# Applicant Observation Form

## RADIOLOGIC TECHNOLOGY PROGRAM

ONE TECHNOLOGY DRIVE • LINN, MO • 65051 • 573.897.5343

**To the applicant:** You must complete 12 hours of observation under a Registered Radiologic Technologist (R.T.) in two (2) different x-ray departments. One location must be a hospital. You are responsible for scheduling observations and documenting all hours on this form. Professional dress is required. Before beginning the observation, read and sign the *Statement of Confidentiality*, which must also be signed by the radiology supervisor. Give this observation form to the R.T. to complete and sign before the observation begins. **You must spend the majority of your time in the x-ray department. Observations spent in specialty imaging areas** (such as CT, MRI, ultrasound, mammography, nuclear medicine, and/or radiation therapy) **will not be accepted.** If the x-ray department is not busy on the day of the observation, you are strongly encouraged to schedule additional observation hours. Upon completion of the observation, the R.T. should place the signed and completed *Statement of Confidentiality* and *Applicant Observation Form* in an envelope, seal the envelope, and place their signature over the seal. You are responsible for submitting the sealed envelope to the Admissions office. Envelopes with broken seals will not be accepted.

PRINTED Applicant Name

\_\_\_\_\_

Observation Site (list only one site per form)

\_\_\_\_\_

Date(s) of Observation

Total # of Observation Hours

\_\_\_\_\_

**To the Radiologic Technologist:** If the information above is correct, complete the section below, sign the form, and return it to the student in a **sealed envelope with your signature across the seal.** Thank you for sharing your time and expertise.

**Types of exams the applicant observed at this facility on the above date(s):**  Emergency  Fluoroscopy  
 Geriatric  Outpatient  Pediatric  Portables  Surgery  Trauma  Sterile Procedures

Other: \_\_\_\_\_

The applicant:  Arrived on time  Behaved professionally  Showed interest  Asked pertinent questions

**Additional comments about the applicant:**

\_\_\_\_\_

PRINTED RT Name

\_\_\_\_\_

RT Signature

Date

Return to:  
State Technical College of Missouri  
Office of Admissions  
1 Technology Dr.  
Linn, MO 65051  
[admissions@statetechmo.edu](mailto:admissions@statetechmo.edu)  
573.897.5000

# Statement of Confidentiality

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Healthcare providers are required by law to maintain patient confidentiality. ***Before observing in a radiology department***, you must understand that you are responsible for treating information about patients and patient records with the upmost confidentiality. Following your observation experience, you must not talk about patients who were seen during your observation or about anything that pertains to the treatment of any patient. All patient care information is confidential.

This form must be taken to each observation site to be signed by you and the radiology supervisor ***before*** the start of your observation. The signed *Statement of Confidentiality* must be submitted to the Admissions office with your *Applicant Observation Form* in an envelope sealed and signed by the Radiologic Technologist.

*I understand that it is my responsibility to respect the confidentiality of patients and patient records, to follow procedures in order to protect patient privacy, and to act in a professional manner. I further understand that if I am found acting indiscreetly with confidential material or not protecting the privacy of a patient or others through my actions, I will be dismissed from the observation site immediately. Notification of my dismissal will be made to the Program Director. I recognize that this action is necessary in order to maintain high professional standards and integrity of the site in which I observe.*

Please review this form and any other observation site rules with the radiology department supervisor. A copy of this form should be maintained at the observation location.

Applicant's PRINTED Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Facility Name (do not abbreviate) \_\_\_\_\_

Radiology Supervisor's PRINTED Name \_\_\_\_\_

Radiology Supervisor's Signature \_\_\_\_\_

Return to:  
State Technical College of Missouri  
Office of Admissions  
1 Technology Dr.  
Linn, MO 65051  
[admissions@statetechmo.edu](mailto:admissions@statetechmo.edu)  
573.897.5000