**RADIOLOGIC SCIENCE PROGRAM**

**CLINICAL OBSERVATION FORM**

**PROSPECTIVE STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Observation hours must be completed between **October 1st and March 1st** on the year the student intends to enter the program. This form is due on or before **March 15th**. Be sure to submit it to Ms. Erica O’Quinn at ETSU Lamb Hall 4th floor vestibule 463 office 466, Box 70573, Johnson City, TN 37614, or e-mail it to Elizabeth Musick at [musicke@etsu.edu](mailto:musicke@etsu.edu).

| **FACILITY/HOSPITAL** | **DATE OF OBSERVATION** | **LENGTH OF OBSERVATION**  **(in hour or 30 min intervals)** | **NAME OF CLINICAL INSTRUCTOR OR TECHNOLOGIST** | **SIGNATURE OF CLINICAL INSTRUCTOR OR TECHNOLOGIST (Optional)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Note: Hours must be done in radiography; other modalities will not count.**

***Cell phone use during clinical observation is prohibited.***