Clinical Observation Form for Nuclear Medicine

Applicant Name: _____

___ Currently enrolled in Radiologic Technology: _____
___ Registered radiographer—RT Program/Graduation Date: _____
_____
___ Other _____

As part of the application process for the Nuclear Medicine Technology Program, applicants are required to complete a minimum of 24 hours observation in a Nuclear Medicine Department. Applicants are encouraged to obtain more than the minimum requirement of observation hours. Applicants are individually responsible for scheduling observation time within a department. The applicant should document time spent in Nuclear Medicine using the chart below, and make copies if needed to document more hours. Please return this completed form(s) with the application. Additionally, the Observation Evaluation Form must also be completed and returned.

Nuclear Medicine Department: _____

Areas Observed: ___ Hot Lab ___ Therapy ___ Patient Prep/Care ___ Imaging ___ Radiopharmacy

Date	Time In	Time Out	Total Time	Comments

Applicant Signature: _____ Date: _____

Observation Time Verification

By signing this, I verify that the above-mentioned student completed the observation time as documented. I also agree to complete an evaluation of the student.

Nuclear Medicine Technologist Name (please print): _____

Nuclear Medicine Technologist Signature: _____ Date: _____

Facility Name: _____ Contact Number: _____

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