

MxCC School of Radiologic Technology

Observation/Shadow Documentation Form

This form is part of the application process to the Middlesex Community College Radiologic Technology Program and should be completed and submitted to the Office of Enrollment Services at Middlesex Community College on/or before **March 23, 2018** as part of the fall 2018 application process for the Radiologic Technology Program.

Print Name

Address City ST. Zip Code

Phone (Cell) e-mail

Print Name of Applicant:

_____, attended a 2-hour

observation/shadow at the facility listed below on _____
Date

Hospital Name

Address

City ST. Zip
Code

Radiology Department Staff's Name/Credentials (Print)

Radiology Department Staff's Signature Date

**Office of Enrollment Services
Middlesex Community College
100 Training Hill Rd.
Middletown, CT 06457**

Approved: Donna J. Crum, RT (R) (CT)
Program Director

Judy Wallace, PT, DPT
Program Coordinator

Effective Date: 8/13
Reviewed: Annually
Reviewed, Not Revised: 2009,10,11,12
Reviewed & Revised: 2013, 2014, 2015, 2016, 2017