

School of Radiologic Technology

DATE: _____

To Whom It May Concern,

This is to verify that _____ completed _____

observation hours shadowing a Radiologic Technologist in the Diagnostic Imaging Department at

_____.

(Students should complete a minimum of four hours.)

Radiology policies and procedures were explained and observed.

Please include any additional comments below about what particular things the potential candidate

observed during their time with you.

Evaluator: _____ (Print)

Signature: _____