## 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 Admissions Office at Middlesex Community College on/or before March 23, 2018 as part of the 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	2-hour
observation/shadow at the fac	ility listed below on	D	
		Date	
Hospital Name			
Address			
City Code	ST.		Zip
Radiology Department Staff's Name/Cr	redentials (Print)		
Radiology Department Staff's Signature		Date	
Office of Enrollment Service Middlesex Community Colle 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	