**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 22, 2019 as part of the Fall 2019 application process for the Radiologic Technology Program.

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Print Name

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Address City ST. Zip Code

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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

Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radiology Department Staff’s Name/Credentials (Print)

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Radiology Department Staff’s Signature Date

**Office of Enrollment Services**

**Middlesex Community College**

**100 Training Hill Rd.**

**Middletown, CT 06457**