RED ROCKS COMMUNITY COLLEGE

JOB SHADOW STATEMENT FOR PROSPECTIVE RADIOLOGIC TECHNOLOGY STUDENTS

NAME _____ **DATE** _____

PROSPECTIVE STUDENT:

- Business casual attire or scrubs and comfortable shoes are recommended.
- Phones or computers should not be used for personal reasons during job shadowing
- Eating food/drinking should be done in designated areas
- Professional conduct and observance of patient privacy and confidentiality is required at all times

I, _____, agree to abide by the above and requirements. I understand that my clearance to attend a job shadow experience is at the discretion of the clinical site. I understand that this statement must be complete and included in my application to Red Rocks Community College in order to receive credit for job shadowing. In addition, Red Rocks Community College and the healthcare facility are released from any and all responsibility regarding accident or injury that might occur during my job shadow experience.

SIGNATURE _____ **DATE** _____

TO BE FILLED OUT BY A MEDICAL IMAGING TECHNOLOGIST:

The above named individual completed _____ hours of job shadowing in x-ray.

FACILITY NAME _____

CITY/STATE _____

DEPT PH# _____

TECHNOLOGIST PRINTED NAME _____

TECHNOLOGIST LICENSURE CREDENTIAL(S) _____

TECHNOLOGIST SIGNATURE _____ **DATE** _____