

Rice Memorial Hospital School of Radiologic Technology

Job Shadowing and Health Care Experience Form

Name

Date

Job Shadow Experience: List your job shadowing experiences. Be very specific about the amount of time spent at each facility and what you experienced while there.

<i>Facility Name and Contact Information</i>	<i>Number of Hours</i>	<i>Radiography Related Experiences While at Facility</i>	<i>Technologist signature</i>

Health Care Work Experiences: List the Health Care Experiences(s) you have had below. Be specific about the position held, type of activity performed and length of time position in the position.

<i>Facility Name and Contact Information</i>	<i>Dates of Employment</i>	<i>Position Held</i>	<i>Patient Care Related Activities Performed</i>