

Kent State University Ashtabula Campus Radiologic Technology Job Shadowing Documentation

Applicant's Name _____ Date _____

Applicant's Email _____

Directions: Fill in the information in the table below as seen in the example. When complete, submit form to KSU Ashtabula Radiologic Technology Program by the February 1st deadline.

Name of Healthcare Facility Location: City/State	Date Hours Completed	Number of Hours Completed	Printed Name & Phone Number of Technologist at Healthcare Facility	Signature of Technologist at Healthcare Facility
Example: <i>Ashtabula County Medical Center Ashtabula, Ohio</i>	11/8/2018	4	Jane Smith 330-555-5555	<i>Jane Smith, R.T.</i>

Purpose: To observe radiologic technologists performing radiology procedures in a healthcare setting.

Job Shadowing Requirement: 8 hours of job shadowing/observing are **required** for those applying to the Radiologic Technology program at Kent State Ashtabula Campus. Applicants may call the radiology department at any local hospital to obtain permission to job shadow.

Additional Job Shadowing Hours: Applicants will receive **2 points** for 8 completed hours. Extra hours beyond eight will not provide more points. **Applicants must complete the additional four hours on a separate day.**

Time Frame: The shadowing must be within the last two years of the February 1, 2019 application deadline.

Evaluation Form: Evaluation forms on pages 19 & 20 must be completed and returned by the application deadline. Each 4 hour job shadowing experience requires a separate evaluation form unless 8 hours are done at one time. The form must be given to the technologist evaluating the student. The technologist will fax the form to KSU Ashtabula.

Dress Code: When attending a hospital to complete the job shadowing or observation, applicants must dress appropriately. Professional attire includes dress pants with a short or long sleeve shirt and appropriate shoes (white athletic shoes with minimal colors are acceptable). Applicants must not wear T-shirts, sleeveless, halter or low cut tops; jeans or shorts; sandals or open toed shoes. No nose rings or facial piercings. Two earrings per ear are acceptable but must not be hoop or dangling styles. No large jewelry of any kind is permitted. All tattoos must be covered. No extreme hair colors. No perfume or colognes or scented lotions. Nail color must be neutral. Applicants, who dress in an unprofessional manner, will not be permitted to complete the job shadowing experience. No cell phone usage is permitted during the observation.

Code of Conduct: As a visitor it is expected that the applicant will respect the employees' efforts to always conduct themselves as courteous professionals. Although the student experience is observation only, the job shadowing program is intended to be an interactive learning process with the opportunity for student-professional-patient interactions. Students must keep all information confidential to ensure patient privacy.

Infection Control: Infection Control is always important to an applicant's well-being and the patients. Hand washing is an important method to prevent infection for the applicant and the patient so wash hands frequently.

Breakfast: It is recommended that applicants **eat breakfast** prior to shadowing to prevent light-headedness.

Cell Phones: must be stowed away when completing your job shadowing experience.

Signature of applicant _____

Form to be submitted to:

Gail Schroeder, Radiology
Kent State Ashtabula Campus
3300 Lake Road West
Ashtabula, Ohio 44004
Fax: 440-964-4355

Kent State University Ashtabula Campus
Associate of Applied Science Degree in Radiologic Technology
2019 Job Shadowing Evaluation Form

Part I—Applicant: Print your name and circle the number of hours shadowed below, sign the waiver statement and submit this form to the Radiologic Technologist observing you.

Applicant's Name _____ Circle Number of Hours Shadowed: 4 or 8
 (Last Name, First Name)

Applicant's Preferred Phone Number _____ Email _____

Waiver: *I waive the right to review this completed form in order to afford an unbiased evaluation.*

Signature of Applicant _____ Date _____

Part II: Technologist: Please complete the information below. The form will be reviewed and kept confidential by the admissions committee. Fax to number below by February 1st deadline.

Name of Facility _____

Please circle the characteristic that best evaluates the applicant during this shadowing:

Arrival Time	Applicant arrived on time	Applicant was 5 minutes late	Applicant was late 10 Or more minutes
Professional Appearance	Appearance was appropriate	Appearance was somewhat appropriate	Appearance was inappropriate
Interest in radiology procedures	Applicant showed a great deal of interest in the procedures performed	Applicant was somewhat interested in the procedures performed	Applicant showed little interest in the procedures performed
Concern for the Patient	Applicant showed concern for the patient	Applicant showed some concern for the patient	Applicant showed little concern for the patient
Communication Skills	Communication skills were excellent	Communication skills were average/fair	Communication skills were poor
Professional Conduct	Professional conduct was appropriate	Professional conduct was somewhat acceptable	Professional conduct was inappropriate
Overall Impression	Applicant made a very good impression	Applicant made a good impression	Applicant made a poor impression

Comments: _____

Printed Name of Evaluating Technologist _____

Technologist Signature _____ Date _____

Technologist may fax this form to Gail Schroeder at 440-964-4355