Directions for Job Shadowing:

1. Contact one of the clinical sites listed below and schedule 4 hours of mandatory shadowing in the radiology (x-ray) department. The shadowing is generally completed between 8:00 am to 12:00 pm.

2. At the clinical site, have this documentation form signed by the technologist you are assigned to and submit this form to the KSU Salem Radiologic Technology program by February 1st.

3. Take an evaluation form found on the next page with you to the clinical site and submit to the radiologic technologist you are assigned to. Upon completion, the technologist will fax the form to the program.

4. If completing a second 4 hours of job shadowing for 2 points, repeat the above process.

<table>
<thead>
<tr>
<th>Name of Healthcare Facility</th>
<th>Date Completed</th>
<th>Hours Completed</th>
<th>Name &amp; Number of Rad Technologist at Healthcare Facility</th>
<th>Signature of Technologist at Healthcare Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salem Regional Medical Ctr.</td>
<td>1/7/19</td>
<td>4</td>
<td>Jane Smith 330-555-5555</td>
<td>Jane Smith, R.T.</td>
</tr>
<tr>
<td>Salem, Ohio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Job Shadowing Requirement: 4 hours of job shadowing/observing are required for those applying to the Radiologic Technology program at Kent State Salem Campus.

Additional Job Shadowing Hours: Applicants will receive 2 points for an additional 4 hours. These hours must be completed on a different day. It is highly recommended an applicant observe at two different clinical sites. Extra hours beyond 8 will not provide more points and is not recommended due to the limited availability at clinical sites.

If REAPPLYING to the program, it is required to complete 4 additional hours within 12 months of the application date to demonstrate continued interest which is in addition to the previous hours completed.

Time Frame: The shadowing must be within 24 months of the February 1, 2019 application deadline.

Dress Code: Applicants must dress in a professional manner which includes dress/khaki pants with a short or long sleeve shirt and appropriate shoes (athletic shoes are acceptable). Applicants must not wear T-shirts, sleeveless, or halter or low cut tops for women; jeans or shorts; sandals or open toed shoes. No facial piercings. Two earrings per ear are acceptable but no hoop or dangling styles. No large jewelry is permitted. All tattoos must be covered. No extreme hair colors. No perfume, cologne, or scented lotions. Nail color must be neutral. Failure to follow this code will result in the applicant not completing the shadowing.

Code of Conduct: As a visitor it is expected that the applicant will respect the employees’ efforts to 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 in order to follow HIPAA policies.

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. Flu shot from the current flu season is required. Some sites will allow a mask to be worn. ELCH requires a TB shot.

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

Cell phones must be silenced and stowed away when completing your job shadowing experience.

Signature of applicant

Fax form to: Jan Gibson, Radiology
Fax: 330-337-4255

Phone numbers of recommended clinical sites for job shadowing:
- East Liverpool City Hospital (330) 386-2022—HR Department
- UH: Portage Medical Center (330) 297-2956—Jen Fannin
- Salem Regional Medical Center (330) 332-7636—Chris Thompson
- St. Elizabeth Boardman Hospital (330) 480-2220—Cathy Kalenits
- St. Elizabeth Youngstown Hospital (330) 480-2220—Cathy Kalenits
- St. Joseph Warren Hospital (330) 480-2220—Cathy Kalenits
Kent State University Salem Campus  
Associate of Applied Science Degree in Radiologic Technology  
2019 Job Shadowing Evaluation Form: Four Hours

Name of Healthcare Facility
________________________________________________________________

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

Applicant’s Name _____________________________________ Cell Phone Number _________________________  
(Last Name, First Name)

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.

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

<table>
<thead>
<tr>
<th>Arrival Time</th>
<th>Applicant arrived on time</th>
<th>Applicant was 5 minutes late</th>
<th>Applicant was late 10 Or more minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Appearance</td>
<td>Appearance was appropriate</td>
<td>Appearance was somewhat appropriate</td>
<td>Appearance was inappropriate</td>
</tr>
<tr>
<td>Interest in radiology procedures</td>
<td>Applicant showed a great deal of interest in the procedures performed</td>
<td>Applicant was somewhat interested in the procedures performed</td>
<td>Applicant showed little interest in the procedures performed</td>
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<tr>
<td>Concern for the Patient</td>
<td>Applicant showed concern for the patient</td>
<td>Applicant showed some concern for the patient</td>
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</tr>
<tr>
<td>Communication Skills</td>
<td>Communication skills were very good</td>
<td>Communication skills were average/fair</td>
<td>Communication skills were poor</td>
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<tr>
<td>Professional Conduct</td>
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<td>Professional conduct was inappropriate</td>
</tr>
<tr>
<td>Overall Impression</td>
<td>Applicant made a very good impression</td>
<td>Applicant made a good impression</td>
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Comments: _______________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Printed Name of Evaluating Technologist ________________________________________________________________

Technologist Signature ___________________________________________________ Date __________________

Technologists-please fax this form to Jan Gibson at 330-337-4255
Kent State University Salem Campus  
Associate of Applied Science Degree in Radiologic Technology  
2019 Job Shadowing Evaluation Form: Four Hours

Name of Healthcare Facility ________________________________________________________________

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

Applicant’s Name _________________________________ Preferred Phone Number _________________________  
(Last Name, First Name)

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

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Technologist Signature ___________________________________________________ Date ________________

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