

**University of South Alabama  
Department of Radiologic Sciences  
Clinical Observation Record**

***To the Applicant:***

Application deadline is May 1<sup>st</sup>. Beginning in the month of February, applicants will be contacted and asked that they call the department to schedule an observation and interview appointment. Applicants must complete four (4) hours of observation in a hospital Radiology Department **prior** to reporting for an interview with the Admissions Committee. The observation site will be determined by and appointments must be scheduled through the Department of Radiologic Sciences at (251) 445-9346. Observations will be held at hospitals from 8 a.m. to 12 noon on week days **only**.

Applicants should download this form, take **page 2** to the hospital on observation day, and have it completed by a radiology employee or program faculty. The facility will be responsible for forwarding the completed form to the Department of Radiologic Sciences.

**Dress Code/Conduct:** (An applicant violating these standards may not be allowed to participate in the observation).

1. Complete in advance the portions of the form asking for your name, date/time of appointment, and signature for the Pledge of Confidentiality.
2. Arrive for your observation on time. Attire should be conservative, such as that acceptable for an interview. (No jeans, high heels, open-toe shoes, excessive jewelry, perfume, low cut blouses/shirts, clothing revealing midriff, etc.)
3. Present the **Clinical Observation Record** to the radiographer who will be responsible for supervising your observation.
4. Come prepared to remain in the observation the required 4 hours.
5. Notify the supervising radiographer when you are leaving the observation area.

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Student Applicant Name \_\_\_\_\_

Radiology Facility Name \_\_\_\_\_

Date and time of schedule observation:

Date \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

**Pledge of Confidentiality: (Must be completed BEFORE beginning observation)**

I understand that it is my duty to maintain confidentiality regarding all information learned about patients, employees, and the operation of the organization during my observation period. By signing below, I understand that violating this pledge will result in ineligibility for admission to the program and possible legal action.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the Radiology Facility:**

Please allow the applicant to observe **general radiography and fluoroscopic procedures** during this four-hour observation. Observations in specialty areas such as CT, US, and MRI are not recommended.

Minimum Requirements (To be verified with initials by a supervising radiographer)

\_\_\_\_\_ Observe chest radiography (at least one required)

\_\_\_\_\_ Observe fluoroscopic procedures (at least one required)

Specify procedure observed \_\_\_\_\_

\_\_\_\_\_ Observe imaging of one routine procedure, i.e. extremity and/or spine (at least one required)

\_\_\_\_\_ Observe IVP or myelogram (or if unavailable, discuss procedure with applicant)

Specify \_\_\_\_\_

\_\_\_\_\_ Observe a BE (or if unavailable, discuss procedure with applicant)

\_\_\_\_\_ Observe procedure to image abdomen (or if unavailable, discuss procedure with applicant)

\_\_\_\_\_ Observe trauma radiography (or if unavailable, discuss procedure with applicant)

**To the Supervising Radiographer:**

Based on your time with this student applicant, provide any additional comments you deem appropriate.

\_\_\_\_\_  
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Sign form and then either FAX to the Department of Radiologic Sciences at (251) 445-9347 or submit the original to the program faculty. Please treat the information on this form in a confidential manner.

Supervisor Signature and Title \_\_\_\_\_ Date \_\_\_\_\_