

University of Missouri
School of Health Professions
RADIOLOGIC SCIENCES PROGRAM
605 Lewis Hall
Columbia, MO 65211

APPLICANT OBSERVATION

Students considering a career in the radiologic sciences can make a better informed career decision if their choice is based on some personal experiences or observations. Please observe a **minimum of 8 hours** and document this experience by taking this form with you to radiology. If it is not busy when you do your observation, schedule additional time. Try to see a wide variety of examinations. Ask the technologist you observe to sign the form on the signature area. Complete the remainder of the form and mail it to the school at the above address.

Applicant's Name _____

Radiology Department _____

Address _____

City	State	Zip
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Date of Observation _____

Time of Observation: From _____ To _____

Technologist's Signature _____ Date _____

Applicant's Signature _____ Date _____

Describe some of the examinations and equipment you observed.

What aspects of being a radiologic technologist did you find appealing in comparison to other health related professions?

What do you think are some personal characteristics that would be important for a person working in this profession?