Instructions for Optional Observation Hours

Radiography Program

Applicants may complete an optional six (6) hour observation in a diagnostic imaging department to earn ten (10) bonus points toward competitive admission.

Purpose:

Observation hours are designed to provide applicants with:

- A firsthand understanding of the daily responsibilities of a radiographer.
- Exposure to patient care, equipment operation, and workflow in a clinical imaging environment.
- An informed perspective to confirm their interest in the radiography profession.

Requirements:

- A total of six (6) observation hours must be completed in a hospital or medical imaging center under the supervision of a registered radiologic technologist (R.T.(R)).
- The observation must be completed within 12 months prior to the application deadline (2024 and 2025 forms already on file will be eligible for 10 bonus points).
- Observation hours are all-or-nothing — partial hours will not be accepted, and no partial credit will be awarded.
- All observation experiences must be documented on the official Radiography Observation Form, signed by the supervising technologist.
- Dress Code: Applicants must wear medical scrubs or business casual attire during observation hours. Jeans, shorts, t-shirts, leggings, and open-toed shoes are not permitted.

Submission Instructions:

1. Obtain the Radiography Observation Form from the program's admissions webpage (See below)
2. Contact a hospital or imaging center to request permission to observe. Applicants are responsible for arranging their own observation experience.
3. Complete the six-hour observation in one or two sessions (as permitted by the facility).
4. Have the supervising technologist complete and sign the verification form.
5. Submit the completed and signed form by mail or placing in the drop box located in the Health Education Center building by the application deadline.

Important Notes:

- Observation hours are optional, but applicants are strongly encouraged to participate.
- Applicants who complete and verify the full six-hour observation will receive ten (10) bonus points toward their admissions score.
- Facilities may require additional documentation (e.g., proof of vaccination, confidentiality agreement, or background check). Applicants must comply with all facility policies.

Participating Observation Sites

Applicants may complete their observation at *any hospital or imaging facility that can fulfill the requirements of this form*. The following facilities have previously agreed to accept observation students from Chattahoochee Technical College:

- Atrium Heath
  - Address: 304 Turner McCall Blvd, Rome Ga, 30165
  - Contact: Shaunda.Farringtonhardwick@atriumhealth.org
- Northside Hospital
  - Various Locations
  - Contact: Maria.townsend@northside.com
- Wellstar
  - Various Locations
  - Contact: Visit www.wellstar.org/volunteer and select your desired hospital/College Volunteers. Complete the online application and include in your comments that you are a Chattahoochee Radiology Shadowing Student.

Submission Instructions

- Completed forms may be mailed or placed in the drop box at:

Chattahoochee Technical College
Attn: Health Education Center – Building F
5198 Ross Road
Acworth, Georgia 30102

Radiography Program Observation Verification Form

Applicant Information

Applicant Name:

Date(s) of Observation:

Applicant 900#:

Total Hours:

Facility Name:

Department(s) Observed:

Supervising Technologist Name:

Technologist Credentials (e.g., R.T.(R)):

Technologist Contact Email/Phone:

Observation Evaluation To Be Completed By Supervising Technologist

*Please indicate **Yes** or **No** for each statement below.*

Evaluation Criteria	Yes	No
Did the applicant observe general diagnostic exams?	☐	☐
Did the applicant present himself/herself in a professional manner?	☐	☐
Did the applicant arrive on time?	☐	☐
Did the applicant demonstrate interest in patients and their exams?	☐	☐
Did the applicant show enthusiasm toward the profession?	☐	☐

Note: Applicants will receive bonus points only if all responses above are marked “Yes.”

Supervising Technologist Verification

I verify that the applicant named above has completed six (6) hours of observation in the radiology/imaging department listed and conducted themselves in accordance with professional standards.

Technologist Signature: _____

Date: _____

Applicant Acknowledgment

I acknowledge that I have completed six (6) hours of observation as described above. I understand that observation hours are optional and that I will receive Ten (10) bonus points toward competitive admission only if all evaluation items above are marked “Yes.”

Applicant Signature: _____

Date: _____