



Verification of Job Shadow/Observation Experience - 4 hours required at minimum
Diagnostic Radiology

I verify that: _____, completed a job shadow/observation
(print observer name)

experience on _____. Total number of shadow hours equaled
(month, day, year)

_____ and were supervised by _____.
(Name & Title)

Observed:

List all procedures/exams observed	

Staff signature and title: _____

Date: _____

Observer signature: _____

Note: Job shadowing is a requirement for application to the UW Health School of Radiologic Technology. Please send a copy of this completed form to mahrens@uwlax.edu or fax to 608-263-9208. Also send the original copy with the observer so they can submit it with their application.