

Verification of Job Shadow/Observation Experience
Diagnostic Radiology

I verify that: _____, completed a job shadow/ observation
(Print Observer Name)

experience at UW Health on _____. Total number of shadow
(Month, Day, Year)

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

Observed:

List All Procedures/Exams Observed	

Staff signature and title: _____

Date: _____

Observer signature: _____

Job shadowing is a requirement for applications into the UW Health University Hospital School of Radiologic Technology. Please send a copy of this completed form to <mailto:mahrens@uwhealth.org> or fax to 263-9208 and send the original with the observer so they can submit it with their application.