



Instructions for Observation Hours Requirement

Radiography Program 2025 Official Application Observation Criteria

To increase your knowledge and awareness of the Radiography profession, you have the opportunity to complete a minimum of 12 observation hours in a hospital setting only of the radiology department. Applicants to the Radiography program must submit the attached observation form to obtain the 30 optional points. Students who have obtained the observation hours in all modalities and/or have rotated through each modality will be awarded the points. Students do not receive partial points for completing partial or some of the rotations. These hours must be from direct observation of the delivery of patient care and the performance of imaging needs to patients directly in the imaging department. Front office or clerical observation within the department will not be accepted. We have two hospital locations that are already set up for you to contact to help with scheduling your observation hours:

Floyd Medical Center/Atrium Health

304 Turner McCall Blvd

Rome, Georgia 30165

Shaunda.Farringtonhardwick@atriumhealth.org

Northside Hospital Cherokee

450 Northside Cherokee Blvd.

Canton, Georgia 30115

Use link to schedule at least 2 weeks in advance

[Northside Hospital Shadow Scheduling](#)

Observation forms are accepted only from hospitals that have an ARRT registered technologist that performs general radiography, not just CT, MRI, Ultrasound, etc. The observation form **MUST** be signed by a registered radiologic technologist with the following minimum credential, R.T. (R) (ARRT). Applicants should print out the attached observation form to take to the hospital on dates scheduled to observe. This is to be filled out and signed by the technologist that you are assigned to at the completion of each observation.

Attire: Scrubs or business casual. Closed toe shoes and no high heels. Athletic shoes are preferred since you will be on your feet walking and moving around during the entire time of the observation.

Observation forms must be received by Friday, April 25, 2025 in order to receive the observation points. Observation hours received after the deadline date will not be considered for the current year admission process but will be held on file for up to 3 years for future admission. Please contact the radiography faculty if you have any questions.

Radiography Program Director

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Observation Form 2025

Applicant Name: _____ Student ID (900#) _____

Radiology Facility Name: _____

Pledge of Confidentiality: (Must be signed by the applicant BEFORE beginning the 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: _____

Radiology Facility: Please allow the applicant to observe general radiography and fluoroscopic procedures during the 12-hour observation period. Observation in specialty areas are also required to educate the applicants about modality opportunities beyond general radiography.

| Hours Required | Observation Type | Supervising Radiographer Signature | Date |
|----------------|---|------------------------------------|------|
| 4 | X-Ray/Fluoroscopy (to include trauma and routine imaging) | | |
| 2 | CT | | |
| 2 | MRI | | |
| 2 | Nuclear Medicine | | |
| 2 | Ultrasound | | |

Applicants: Please return this completed form via mail or hand-delivery to:

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