

A Unit of the Technical College System of Georgia. Equal Opportunity Institution

Instructions for Observation Hours Requirement

Radiography Program 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 for the maximum of 30 additional ranking points. Only students with a minimum of 12 observation hours will be awarded these points. 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 Please click on the URL to assist you in scheduling at least 2 weeks in advance

Work phone: 770-749-4063. https://northside.guestionpro.com/NSHJobShadow

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 your observation day that is to be filled out and signed by the technologist that you are assigned to at the completion of the observation.

Professional attire, scrubs will be acceptable if you have a pair, or, business casual will be accepted. Please wear closed toe shoes and no high heels. Tennis shoes are preferred since you will be on your feet walking and moving around during the entire time of the observation.

All applicants can drop off or mail in the completed observation form in a sealed envelope. The application deadline for the institution to receive the observation points will be the last day of the month of April. Please contact the radiography faculty if you have any questions.

Radiography Program Director
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Observation Form

Student Applicant Nam	ne:	
Radiology Facility Nam	ne:	
Date and Time of Scheduled Observation:		
Date:	Check-in Time:	Check-out Time:
I understand that it is my employees, and the opera	duty to maintain confidentiality ation of the organization during	licant BEFORE beginning the observation) regarding all information learned about patients my observation period. By signing below, I bility for admission to the program and possible
Applicant Signature:		Date:
observation period. Obs		y and fluoroscopic procedures during the 12-hours so required to educate the applicants about
Minimum Requirements	(To be verified with initials by a	a supervising radiographer)
Observe	4 hours of X-Ray/Fluoroscopy	(to include trauma and routine imaging)
Observe	2 hours in CT	
Observe	2 hours in MRI	
Observe	2 hours in Nuclear Medicine	
Observe	2 hours in Ultrasound	
Supervising Radiograp	her Signature:	

Applicants: Please place this form in a sealed envelope with signature across the seal and mail to, or drop-off at;

Chattahoochee Technical College Attn: Health Education Center Building F 5198 Ross Road Acworth, Georgia 3010