

**EASTERN MAINE COMMUNITY COLLEGE  
MEDICAL RADIOGRAPHY PROGRAM  
Radiography Observation Form**

Send this form to the EMCC Admissions Office to be included in your file. Maintain a copy for your records.

Check one:

- I am not planning to complete a radiology observation at this time.
- I have spent time observing in a radiology department in the past and my prior radiology observation documentation is on file in the EMCC Admissions Office.
- This is my completed radiology observation form.  
(Submit the signed "Confidentiality Agreement" also.)

**STUDENT NAME** \_\_\_\_\_

**HOSPITAL** \_\_\_\_\_

**DATE OF OBSERVATION** \_\_\_\_\_

You are expected to observe **ALL** of the following x-ray procedures. Additional exams (CT, MRI, Ultrasound) may be observed after the following requirements are met.

	<b>LIST EXAM NAME</b>	<b>R.T. SIGNATURE</b>
Outpatient Exam	_____	_____
Inpatient Exam	_____	_____
Fluoroscopy Exam	_____	_____
Portable Exam	_____	_____
Extremity Exam	_____	_____

**DEPARTMENT MANAGER COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEPARTMENT MANAGER SIGNATURE** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_

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