

Job Shadowing Report Form
Nuclear Medicine Technology Program
St. Cloud State University

This certifies that _____ did _____ total hours
(name of student printed)

of job shadowing in Nuclear Medicine Technology on these dates (with hours for each date):

Name of Hospital: _____

Address of Hospital: _____

City, State, and Zip Code: _____

Department: _____

Email Address of Supervisor: _____

Phone number of Supervisor: _____

Name of Supervisor: _____
(print)

Signature of Supervisor: _____

Instructions to Students: Do the job shadowing, complete this form, obtain the necessary signature from the hospital, and keep the completed form in a safe place. Turn the form in to the SCSU Medical Physics Program when requested. Do not copy this form. If you need a blank form, please obtain the latest version from the web site.

Form Version: February 6, 2012