

**Job Shadowing Report Form**

Radiologic Technology Program

St. Cloud State University

Requirement: 21 hours job shadowing in Radiologic Technology

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

of job shadowing in Radiologic 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: \_\_\_\_\_ Date: \_\_\_\_\_  
(sign when all hours completed)

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 9, 2012