

Job Shadowing Report Form

Nuclear Medicine Technology Program; St. Cloud State University (SCSU)

Required Job Shadowing Hours in Nuclear Medicine Technology: 8 hours required.

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) [job shadowing must be done as a college student—starting no earlier than the first day of class of the college freshman year]:

(list dates, starting and ending times, and total hours for each date on line above)

Name of Hospital: _____ (print)

Address of Hospital: _____ (print)

_____ (print)

City, State, and Zip Code: _____ (print)

Department: _____ (print)
(print neatly—must be legible)

Email Address of Supervisor: _____ (print)
(print neatly—must be legible)

Phone number of Supervisor: _____ (print)
(print neatly—must be legible)

Name of Supervisor: _____
(print neatly—must be legible)

Signature of Supervisor: _____ Date: _____
(sign when hours completed)

Instructions to students: Do the job shadowing, complete this form, and obtain the necessary signature from the hospital. Turn in the completed paper form to the SCSU Nuclear Medicine Technology program director as soon as the job shadowing hours are completed. Do not copy this form. If you need a blank form, please obtain the latest version from the web site. Form Version: May 21, 2019