



RADIOGRAPHY TECHNOLOGY - Job Shadowing Recording Sheet

Student Name: _____

Facility Name:	
Date:	Number of Hours Completed:
Technologist/Supervisor Name:	
Facility Contact Information:	
Technologist/Supervisor Signature:	

Facility Name:	
Date:	Number of Hours Completed:
Technologist/Supervisor Name:	
Facility Contact Information:	
Technologist/Supervisor Signature:	

Facility Name:	
Date:	Number of Hours Completed:
Technologist/Supervisor Name:	
Facility Contact Information:	
Technologist/Supervisor Signature:	

I hereby declare that the information provided is true and correct.

Signature of Student _____