



Documentation of Job Shadowing Hours

Please fill out the information below for documentation of your job shadow experience. Before you leave, ask the radiographer to sign the form. It is your responsibility to submit the completed form with your UWM application.

Student Name: _____

Date of Job Shadow: _____ Number of Hours: _____

Location: _____

Radiographer's Printed Name: _____

Radiographer's Signature: _____

The following are the type of exams I observed during this shadowing experience:

_____ PA and Lateral Chest	_____ Upper Extremity	_____ CT Scan
_____ Portable Chest	_____ Lower Extremity	_____ MRI Scan
_____ Pediatric Procedure	_____ Barium Study	_____ Emergency Room
_____ Other (please list)		