Shadowing Form

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS

Limited Medical Imaging and Safety Program

**Technologists: Please e-mail form to jmcooper@astate.edu
You may take a picture or scan this form to e-mail to Jessica Cooper, Special Programs Coordinator.
Thank you for supporting A-State Radiology programs and students.

Radiology Shadowing Form

- Student Name:
- A-State Student ID Number:
- Facility Name:
- Shadowing Date:

Student shadowed X-Ray for _____ hours. Tech shadowed:
_____

Student shadowed MRI for _____ hours. Tech shadowed:
_____

- Staff Signature/Position:
- Date:
- Email Address:
- Phone Number:
- Additional Comments (student engagement, professionalism, punctuality, etc.):

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