HUTCHINSON COMMUNITY COLLEGE

Radiologic Technology Program
Observation Experience Form

Student's Name_____

Health Care Facility_____

Address_____

Phone Number_____

I certify this applicant has completed _____ hours of observation and/or experience in one of the following settings.

The applicant is required to accumulate 16 total hours of observation/shadow/work experience in a diagnostic radiology setting. The applicant must perform no less than 4 hours of experience in both outpatient and acute hospital settings. (Hours need to be completed within 2 years of the application deadline.)

Check one:

_____ Acute General Hospital

_____ Outpatient Medical Clinic

_____ Outpatient Imaging Center

_____ Mobile Imaging Company

_____ Other _____

_____

Printed Name (must be RT)

_____ _____

Signature and Title (must be RT) **Date**

Please Complete and return this form and submit with application.

Created 10/29/25