

## LGMC RADIOGRAPHY PROGRAM

### DOCUMENTED OBSERVATION HOURS FOR APPLICATION TO PROGRAM

APPLICANT'S NAME \_\_\_\_\_

PLACE OF OBSERVATION \_\_\_\_\_

#### APPROVAL OF CHIEF TECHNOLOGIST TO OBSERVE IN FACILITY

\_\_\_\_\_  
 Please obtain permission from the chief technologist to observe in his/her facility. Have him/her sign on the above line.

Please observe a minimum of one each of the following procedures. If more of a particular type of procedure is observed, identify the number in the "number of" column. Have the technologist performing the procedure sign next to the procedure. Add comments, such as the condition of the patient, the specifics of an exam (i.e. hand, foot), or anything else that might be pertinent.

A total of **20 – 30 hours** of observation time is suggested.

| Date | Procedure               | Number of | Technologist's Signature | Comments |
|------|-------------------------|-----------|--------------------------|----------|
|      | Chest                   |           |                          |          |
|      | Abdomen (F&E)           |           |                          |          |
|      | Cervical spine          |           |                          |          |
|      | Thoracic spine          |           |                          |          |
|      | Lumbar spine            |           |                          |          |
|      | Shoulder                |           |                          |          |
|      | Hip                     |           |                          |          |
|      | Pelvis                  |           |                          |          |
|      | Upper extremity         |           |                          |          |
|      | Lower extremity         |           |                          |          |
|      | Skull, sinuses, facials |           |                          |          |
|      | Fluoroscopy             |           |                          |          |
|      | CT                      |           |                          |          |
|      | MRI                     |           |                          |          |
|      | Ultrasound              |           |                          |          |
|      | Nuclear Medicine        |           |                          |          |
|      | Other                   |           |                          |          |

Total hours: \_\_\_\_\_