



Job Shadow Form

(Applicant's Name)

(Applicant's Phone)

(Applicant's Email Address)

(Date)

(Time)

(Facility Name)

(Technologist Signature)

(Date)

(Time)

(Facility Name)

(Technologist Signature)

(Date)

(Time)

(Facility Name)

(Technologist Signature)

(Date)

(Time)

(Facility Name)

(Technologist Signature)

List four radiographic examinations you observed:

Mail completed job shadow forms to:

Mercy/St. Luke's School of Radiologic Technology
 UnityPoint Health
 1026 A Ave NE
 Cedar Rapids, IA 52402

*Completed job shadow forms from other radiologic technology schools, documentation from Workplace Learning Connection or your high school will be accepted in replacement of the M/STL job shadow form as long as you can document at least **2 hours** of job shadowing experience in a radiology department.