



## Diagnostic Medical Imaging Program Observation / Experience Hours Fall 2022

*If applying for the Diagnostic Medical Imaging Program at NW-SCC, you may submit a **minimum of 8 hours** of observation/experience for additional ranking points.*

### **How to schedule observation hours:**

1) You are responsible for scheduling your observation hours. NW-SCC advisors, staff, and faculty *will not* arrange or schedule observation hours for you.

\*Major hospitals

\*Small, rural or community hospitals

\*Outpatient Radiography facility or Imaging lab

2) Call a local hospital or radiology center and ask to speak or e-mail to either the Supervisor of the Radiology Department or Education Department.

a) **North Alabama Medical Center**, Florence, Al

Tammie Holt at: [tammie.holt@namccares.com](mailto:tammie.holt@namccares.com)

b) **Helen Keller Hospital**, Sheffield, Al

Imaging Director, Kerri Oliver at: [kerri.oliver@helenkeller.com](mailto:kerri.oliver@helenkeller.com) or

Assistant Director, Wesley Campbell at: [Wesley.Campbell@helenkeller.com](mailto:Wesley.Campbell@helenkeller.com)

3) Identify yourself by name. Explain that you are an applicant for the Radiology Program at NW-SCC and would like to schedule observation hours in the Radiology department.

4) Request an appointment to observe for 8 hours

5) You must observe under the direct supervision of a Registered Radiographer. Observation should focus on x-rays not CT, MRI, or Nuclear Medicine.

### **During the observation hours:**

- 1) Wear appropriate professional business attire, such as dress pants. Do not wear t-shirts, revealing clothes, tennis shoes, blue jeans, sandals, shorts, or sweat pants.
- 2) Conduct yourself professionally and courteously as if you are on a job interview.
- 3) After your observation hours are completed, ask the Radiographer to verify your attendance by signing and completing the Observation Hours & Observation Evaluation form.
- 4) Once completed, the student will submit the form directly to NW-SCC with your application. Please note, the student should make a copy of the form. The RAD Program will not return the form or copies to the student.



Student name: \_\_\_\_\_ A #: \_\_\_\_\_

<u>DATE</u>	<u>TIME IN</u>	<u>TIME OUT</u>	<u>TOTAL HOURS</u>

***HOURS OF OBSERVATION MUST BE PERFORMED WITH  
AN ARRT REGISTERED RADIOGRAPHER***

Name of Facility : \_\_\_\_\_

Printed name of Radiographer:

\_\_\_\_\_

Signature of Radiographer:

\_\_\_\_\_