



Name: _____

MC Student ID #: _____

Verification of Career Exploration Experience

Purpose of Career Exploration Experience: Sample an experience in the medical imaging setting in order to enhance a prospective student's understanding of the challenges and opportunities in considering a career in radiography and related imaging modalities.

Objectives:

- Evaluate this clinical experience in order to decide whether this career field is a good match for them.
- Exhibit a basic understanding of the various imaging modalities that are routinely used to image the body.
- Relate proper basic operator radiation protection techniques, if applicable.
- Describe the basic responsibilities of a radiographer or the specific medical imaging professional being considered.

INSTRUCTIONS: this form is to be completed by a supervising imaging professional working in an imaging facility where a prospective student completed a minimum of 54 hours direct experience with imaging patients. Entire form (both pages) must be completed in full.

This form is NOT used for students who have enrolled in, or completed, RADT-50 at Merced College. This form is used as an alternative to RADT-50, when a career exploration experience can be met or arranged independently. Applicants to the Program either take RADT-50 **or** submit this Verification of Career Exploration form. Applicants may choose ONE option. Career Exploration option does not replace prior RADT-50 grade(s).

IMAGING SUPERVISOR: Please fill out this form completely and honestly regarding the individual. Do not fill out this form until they have met the 54 hour minimum in direct experience* in your radiology department.

**Direct experience includes any activity that requires direct care, handling or transporting of radiology patients. Experience in ancillary imaging modalities such as Sonography, MRI, Nuclear Medicine, Radiation Therapy, or Cardiac Cath also meets this criteria. Experience in supportive functions such as clerical or housekeeping duties in imaging department does not meet this criteria.*

Required Information to be filled out by Supervisor:

Name of Prospective Student: _____

Dates of Service (include start and end date): _____

Name of Imaging Facility: _____

Address of Clinical Facility: _____

Supervisor's Name: _____ Supervisor Title: _____

Supervisor's Phone No: _____ Supervisor email: _____

Supervisor's Certificate Number (ARRT, RHB, or equivalent): _____



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Evaluation of Prospective Student				
<p><i>Did the prospective student make significant progress toward meeting the following career exploration objectives?</i></p> <p>At the completion of their career exploration experience, assess the prospective student on the following:</p>				
1. Evaluate the clinical experience and decide whether or not to commit to an extended and rigorous course of study in Diagnostic Radiologic Technology.	Yes	No		
2. Describe the role and responsibilities of a radiologic technologist.	Yes	No		
3. Identify and briefly describe the different imaging modalities offered in the imaging facility.	Yes	No		
4. Accurately engage in tasks involved in creating radiographic images? (as much as is allowed)	Yes	No		
5. Did they follow dress and personal grooming standards that will reflect positively on our profession?	Yes	No		
Rate the prospective student's performance on the following:	Exceptional	Satisfactory	Needs Improvement	Unsatisfactory
Did they relate well with others in the department?				
Did they have an enthusiastic attitude concerning work?				
Was the individual dependable?				
How would you rate the individual's overall potential?				

We greatly appreciate your comments regarding this prospective student: _____

Supervisor's Signature: _____ Date of Evaluation: _____

RT Faculty Use Only		
Approved by:		