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ST. CLOUD HOSPITAL SCHOOL OF DIAGNOSTIC IMAGING

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## Job Shadowing and Health Care Experience Form

Name

Date

**Job Shadow Experience:** List your job shadowing experiences. Be very specific about the amount of time spent at each facility and what you experienced while there.

<i>Facility Name And Contact Information</i>	<i>Number of Hours</i>	<i>Radiography Related Experiences While at Facility</i>

**Health Care Experiences:** List the Health Care Experiences(s) you have had below. Be specific about the position held, type of activity performed and length of time position in the position.

<i>Facility Name And Contact Information</i>	<i>Length of Time</i>	<i>Position Held</i>	<i>Patient Care Related Activities Performed</i>