Horry-Georgetown Technical College
Radiologic Technology Associate Degree Program

Observation Form

Observing Individual’s Legal Name (Please Print) ____________________________ Date ____________________________

H# or SSN

Applicants must complete 4 hours of observation at a clinical setting and receive a satisfactory rating from the clinical site. If student does not receive a satisfactory rating from the clinic site, they may be asked to repeat the observation based upon faculty review of the visit and the parties involved. Student will be assessed on the following:

3 = excellent  2 = satisfactory  1 = needs improvement  0 = unsatisfactory

___ Student arrives on time at the clinic site.
___ Student is dressed appropriately for clinical observations
___ Student stays with assigned technologists
___ Student demonstrates interest in the profession by asking questions.
___ Student demonstrates interest in image production.
___ Student wants to be in the department and displays a positive attitude
___ Student displays a caring attitude with patients and staff.

The signature below verifies that ___________________________________________ completed their observation on (date) _____________________________ at ______________________________________________________ (clinic site).

Students average score ____ (out of 3.0)

Comments: __________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Radiology Department Representative Signature ____________________________ Date ________________

Note: You will need to wear appropriate casual clothes and shoes. (no jeans, shorts, halter tops/crop tops, sandals or clothes that are revealing or excessively sloppy). Keep jewelry to a minimum (one small pair of earrings and a wristwatch). If your hair is long, pull it back in a ponytail or a braid, etc. If you have tattoos, they must be covered. If you have a lab coat available please wear it. Also please sign and bring the enclosed Visitor Observation Liability release form with you when you report for your observations and return it to the Radiology department representative at the hospital you visit.
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**Observation Contact Information for Medical Imaging Sciences**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Conway Medical Center</td>
<td>Cindy Nance – Clinical Instructor</td>
<td>843-347-8132</td>
</tr>
<tr>
<td></td>
<td>If Ms. Nance is not available please asked to speak to Mr. Fred Lewis, Radiology Administrator or Mr. Jim Thompkins, Assistant Radiology Administrator.</td>
<td></td>
</tr>
<tr>
<td>Georgetown Hospital Systems</td>
<td>GMC HR – Bernie Anderson</td>
<td>843-520-8174</td>
</tr>
<tr>
<td>Waccamaw Hospital</td>
<td>WCH HR – Joy Kaifer</td>
<td>843-652-1008</td>
</tr>
<tr>
<td>Carolinas Hospital System-Marion</td>
<td>Wesley Martin, BSBA, RT (R) Lead Technologist / Radiology Clinical Instructor</td>
<td>843-431-2685</td>
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