

## 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 Spent at Facility</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 type of activity performed and the amount of time spent doing the activity.

<i>Facility Name and Contact Information</i>	<i>Number of Hours or Days Performed Activities</i>	<i>Patient Care Related Activities Performed</i>

\*\*If additional space is needed, please copy and submit a second form or write on back of sheet.