THE OHIO STATE UNIVERSITY

DIVISION OF RADIOLOGIC SCIENCES AND THERAPY

The Ohio State University – School of Health and Rehabilitation Sciences
453 West 10th Ave., Room 340 – Columbus, OH 43210
www.go.osu.edu/rst

DOCUMENTATION OF APPLICANT'S RADIOLOGIC SCIENCES PATIENT CONTACT HOURS

At least **8** documented observation hours are REQUIRED for ALL applicants for junior-level admission consideration by January 31st. *Observation hours are valid for 2 years from the start date of observation.*

Directions for the Applicant:

1. This 2-page form must be taken to the site where you are doing your clinical observation experience whenever you are there. ***Use one form for each facility in which you observe.*** Pages may be copied as necessary. Complete Page 1 and print your full name at the top of EACH evaluation ticket on Page 2.
2. The applicant must supply a valid e-mail address for themselves and the name and address of the facility at which the observation took place.
3. Observation must be completed for **EACH** modality that you wish to apply for – Diagnostic Radiography, Ultrasound, or Radiation Therapy. ***Diagnostic Radiography is specific to Fluoroscopy and X-Ray (Diagnostic, ER, OR) observation ONLY*
4. Each time the applicant observes in the department, the setting, date, and hours spent observing must be documented. (DO NOT COMBINE MODALITIES) The technologist/therapist who worked with the applicant must sign ON ALL APPLICABLE DATES.
5. At the conclusion of the observation experience, the **applicant** is responsible for verifying the completion of Page. *The applicant will upload observation documents directly into the application* via the OSU Graduate and Professional Admissions website. This form is independent of facility logs or procedure. This form must be submitted in order to be considered for admission.
6. The applicant should present an evaluation ticket to each supervising technologist/therapist at the end of their observation experience. The applicant must write their full name on each ticket prior to distribution. (This must match the name on the application). Technologists/therapists are encouraged to complete a brief affective evaluation about the applicant via the survey link or QR code found on the evaluation ticket on Page 2.
7. The applicant is 100% responsible for tracking and locating lost observation forms. It is strongly recommended that copies of completed observation forms (Page 1) are made in case your form is lost or misrouted.
8. Please print neatly or type in the spaces provided.

Things to remember:

1. When completing the observation hours, you are required to have an appointment – please do not just appear at a site to observe without prior arrangements.
2. Please remember that you are a guest in the hospital or clinic where you are completing your observation so professional behavior is required.
3. Dress is business attire – clean dress clothes that include pressed pants (no designs, holes, or patches) and an appropriate top that completely covers your chest.
4. Report to the area in a timely manner and use professional language – *please and thank you.*
5. Only enter areas that you are invited into by a supervising staff member.
6. The use of cell phones is FORBIDDEN – turn the cell phone on silent and do not text, take pictures or communicate with others during your observation.
7. Do not access patient information or charts.
8. Conversation about patients is restricted to a staff member outside the examination room and FORBIDDEN in public areas.

****Reminder: Page 1 will be uploaded as a part of the online application for every modality the applicant wishes to be consider for****

APPLICANT'S NAME: _____

I will apply for JUNIOR-level admission by 1/31/_____

Applicant's e-mail address: _____

OBSERVATION SETTING/INSTITUTION:

Name_____

Street Address_____

City_____State_____Zip_____

Department Phone Number (_____) _____ Extension _____

Dates of Experience: From_____ to_____
MM/DD/YY MM/DD/YY

TOTAL HOURS (this page):_____

List experience in each area in which you observed (8 hours in the selected modality is mandatory)**:**

Radiologic Sciences Modality & Setting (Settings for Rad: Diagnostic, ER, OR, Fluoro) (Settings for US: OBGYN, Vascular, General)	**Each Date & Number of Observation Hrs.** (Please round to nearest HALF hour - ".0" or ".5" Do NOT include lunch or dinner breaks.)	**Supervising Techs' Name and Signature** (Technologists/Therapists - please provide corresponding comments via survey link on **page 2**.)
☐ RADIOGRAPHY ☐ RADIATION THERAPY ☒ ULTRASOUND Setting: OBGYN	01 / 01 / 20xx 3.5	**Name: Sally Q. Technologist** **Signature:** Sally Q. Technologist
(1) ☐ RADIOGRAPHY ☐ RADIATION THERAPY ☐ ULTRASOUND Setting:	_____/_____/ 20____ _____._____	**Name:** **Signature:**
(2) ☐ RADIOGRAPHY ☐ RADIATION THERAPY ☐ ULTRASOUND Setting:	_____/_____/ 20____ _____._____	**Name:** **Signature:**
(3) ☐ RADIOGRAPHY ☐ RADIATION THERAPY ☐ ULTRASOUND Setting:	_____/_____/ 20____ _____._____	**Name:** **Signature:**
(4) ☐ RADIOGRAPHY ☐ RADIATION THERAPY ☐ ULTRASOUND Setting:	_____/_____/ 20____ _____._____	**Name:** **Signature:**
(5) ☐ RADIOGRAPHY ☐ RADIATION THERAPY ☐ ULTRASOUND Setting:	_____/_____/ 20____ _____._____	**Name:** **Signature:**
(6) ☐ RADIOGRAPHY ☐ RADIATION THERAPY ☐ ULTRASOUND Setting:	_____/_____/ 20____ _____._____	**Name:** **Signature:**
(7) ☐ RADIOGRAPHY ☐ RADIATION THERAPY ☐ ULTRASOUND Setting:	_____/_____/ 20____ _____._____	**Name:** **Signature:**

OBSERVATION EVALUATION TICKETS

Provide one ticket to each technologist/therapist who signed on Page 1.

This page may be copied to provide additional tickets.

APPLICANT'S NAME (PRINT): _____

SUPERVISING TECHNOLOGISTS/THERAPISTS:

The student listed above is applying to The Ohio State University Division of Radiologic Sciences & Therapy.

Please visit the survey link below or scan the QR code to evaluate the applicant on their observation while at your facility.
http://go.osu.edu/RadSci-ObservationEval

**Technologist/Therapist comments and applicant's evaluation will be used in the application evaluation process.

The survey can also be accessed via the Radiologic Sciences and Therapy website under Admission Criteria:
https://go.osu.edu/rst

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Updated 7/2018