



SCHOOL OF  
**Radiography**

**WYOMING VALLEY**  
HEALTH CARE SYSTEM

**Wilkes-Barre General Hospital**  
**School of Radiography**  
575 North River Street • Wilkes-Barre, PA 18764-0001  
570-552-1760

**DOCUMENTATION OF OBSERVATION**

As a prerequisite for application to the Radiography Program, eight (8) hours of observation at a diagnostic imaging facility which provides both **inpatient and outpatient studies** must be completed. **We would like you observe at least 6 radiography exams, including fluoroscopic GI studies.** Have the person in charge of your observation complete this form. Complete the comment section and submit the form along with your application by the deadline date.

**APPLICANTS NAME** \_\_\_\_\_

**DATE(s) OF OBSERVATION** \_\_\_\_\_

**FACILITY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

*Before signing please read the top portion of this form so that the observer will see the required studies.*

**SUPERVISORY PERSONNEL** \_\_\_\_\_

*Please print*

**JOB TITLE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NUMBER AND TYPES OF EXAMS OBSERVED:** *(use back if additional space is required)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**(Be sure to include fluoroscopic GI studies in your observation.)**

**PLEASE COMMENT ON YOUR EXPERIENCE AT THIS FACILITY.** *(Use back if necessary)*

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