

COLUMBUS STATE

COMMUNITY COLLEGE

MEDICAL IMAGING PROGRAM

2022

Official Application

Observation Criteria

To increase your knowledge and awareness of the Radiography profession you are required to complete an observation requirement in a radiology department. A minimum of 16 observation hours are to be documented. Please dress appropriately for this visit.

Take the attached forms with you to each observation site (if more than one) and present it to the technologist at that facility. Fill in your name at the top of the form and the technologist will check the appropriate areas. Your application of the Program will not be considered complete unless all sections are completed. The technologist will submit the observation forms directly to the Program.

You **MUST** perform the observation visits prior to the application deadline of March 1st. We strongly advise you to schedule your radiology department observation visits' well ahead of the deadline. The observation form must be included in the application. If you are unable to make your scheduled appointment please call and cancel or reschedule in a timely manner.

Observation visits **MUST** be scheduled. You may schedule the observations with a radiology department in your community. Contact the health facility directly for scheduling (See Observation Form) upon completion of the observation; give the Observation Form to the technologist in charge.

Note: These forms is to be mailed or directly to the Program from the Technologist in charge of the health care facility. **FOR OHIO HEALTH FACILITIES, PROOF OF TB TESTING IS REQUIRED.**

***You may be required to be COVID vaccinated and have your yearly Influenza vaccine as a stipulation of observation.**

Attached forms:

1. Confidentiality Statement Form
2. Documentation of Observation Form
3. Professional Skills Observation

Attention Facility: Please return the 3 forms in the provided pre-paid envelope to the Columbus State Community College Medical Imaging Program Admissions Committee. Please contact us at Ph. 287-5215 or (800) 621-6407, ext. 5215 should you have questions or need additional information.

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Observation Confidentiality Statement

The primary responsibility at a hospital is to the patients. Because the care and nature of patients is highly personal in nature, it is necessary to have a policy that all information concerning patient's medical or personal problems must be kept strictly confidential. Such information obtained while observing at a health care facility must not be discussed with anyone other than those directly associated with the patient's care. Information about patient's should never be discussed anywhere where it might be overheard. Confidentiality is a basic element of hospital ethics. *Note: Observation Hours are good for 3 years.*

I, _____ understand and agree that as an applicant to the Columbus State Community College Medical Imaging program, during the performance of my required observations at _____, I will maintain strict confidence with any patient information obtained during the performance of my observation. I understand that any violation of this policy can result in legal action. I further understand that I may be asked, at any time, to discontinue my observations at the health care facility if my actions or behavior are deemed inappropriate.

Signature of Applicant

Date

Instruction to Facility: Please return this form to the Medical Imaging Admissions Committee directly by sending it in the prepaid envelope that student gives you at time of observation or by FAX to 614-287-6059.

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Observation: Professional Skills Evaluation Form

Name of Facility: _____

Name of Student: _____

Date(s) of Observation _____

Directions: Circle "yes" or "no" to the following questions. Please make comments for each item or write additional comments on the back.

- | | | |
|--|-----|----|
| 1. Dressed appropriately for observation. | YES | NO |
| 2. Arrived at the scheduled time. | YES | NO |
| 3. Disrupted staff and/or normal department operations. | YES | NO |
| 4. Asked questions that pertain to the clinical site. | YES | NO |
| 5. Was cordial and friendly to all staff. | YES | NO |
| 6. Was obedient in following instructions from staff. | YES | NO |
| 7. Discussed appropriate issues in front of patients or staff. | YES | NO |

Overall Performance: (circle one) SATISFACTORY UNSATISFACTORY

Do you recommend this student for the Radiography program? YES NO

If "NO" please indicate why.

Instructions to Facility: Please return this form to the Program Admission Committee in the prepaid envelope the student gives you at time of observation or by FAX to 614-287-6059. **Do not return this form to the observing student.**

Name of Person completing this form _____

Signature _____

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Observation Form

minimum 16 total hours required

Applicants Name (please print)

Signature

Facility Name

Number of Hours

Signature of Technologist(s)

Date

Areas observed:

Instruction to Facility: Please return this form to the Medical Imaging Admissions Committee directly by sending it in the prepaid envelope that student gives you at time of observation or by FAX to 614-287-6059.

**Medical Imaging Admissions
Columbus State Community College
550 East Spring Street
Columbus, Ohio 43216**

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Observation Form

minimum 16 total hours required

Applicants Name (please print)

Signature

Facility Name _____

Number of Hours _____

Signature of Technologist(s) _____

Date _____

Areas observed: _____

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**Medical Imaging Admissions
Columbus State Community College
550 E. Spring Street, Suite 109
Columbus, Ohio 43216**