

Contact radiology secretary Sherry Dewitt at sdewitt@kent.edu for any questions/concerns.

Please follow these directions:

1. Job shadowing appointments fill up quickly **so schedule well before the February 1st deadline.**
2. **Contact information of clinical sites affiliated with KSU Salem. Some require COVID vaccination. State you are requesting to complete job shadowing in the x-ray department:**

Salem Regional Medical Center	(330) 332-7636--Randi Rappach
St. Elizabeth Boardman Hospital	(330) 480-2220--Radiology Department
St. Elizabeth Youngstown Hospital	(330) 480-2220- Radiology Department
St. Joseph Warren Hospital	(330) 480-2220--Radiology Department
UH Portage Medical Center (Ravenna)	(330) 297-2956- Radiology Department (see below)

UH Portage requires: COVID vaccination documentation, a negative 2-Step TB testing within the last 6 months, and a flu shot during the flu season (October-March)

Summa Health-Akron City Hospital-Website link:
<https://www.summahealth.org/about-us/about-summa/volunteering-at-summa>

When applying for shadowing at Summa-Akron City-state *Kent State Radiology Shadowing Program*, to be exempt from 20 volunteer service hours. A Volunteer Specialist will contact you to set up an interview date. At that time, a background check will be done on you and you will go to the badge office, and employee health on the same day. The required online orientation will be done on your own. Once all information is received, student will be considered on-boarded and can begin shadowing. Volunteer services will work with the Radiology manager to set up the shadowing experience.
3. **Print and bring Shadowing Documentation Form:** take the documentation form with you to have the assigned radiologic technologist at the clinical site document your job shadowing experience.
Print and Bring 1 Evaluation Form: take the evaluation form to the clinical site and submit to the radiologic technologist assigned to you. Upon completion, the technologist will fax the form to us. Please read the evaluation form to view characteristics to be evaluated on. These are reviewed when selecting students.
4. **If reapplying to the program**, an additional 4 hours are required within 12 months of the application date to demonstrate continued interest in the program. These are in addition to any previous hours completed.
5. **Dress Code:** Applicants must dress in a professional manner to include dress/casual pants with a short or long sleeve shirt and appropriate shoes (athletic shoes are acceptable). Applicants **must not wear** T-shirts, sleeveless or low-cut tops for women, jeans, shorts, or open toed shoes. There are to be no visible piercings, hoop/dangling earrings, large necklaces or bracelets, no visible tattoos or extreme hair colors. No perfume or scented lotions. Failure to follow the rules may result in cancellation of the shadowing.
6. **Code of Conduct:** As a visitor it is expected that the applicant will respect the employees' efforts to conduct themselves as courteous professionals. Although the student experience is observation only, the job shadowing program is intended to be an interactive learning process.
7. **HIPAA:** All information must be kept confidential to ensure **patient privacy** by following HIPAA policies.
8. **Cell Phone/Smart Watch Use:** These devices must be silenced and stowed away during shadowing. The use of electronic devices while shadowing will reflect on your evaluation by the technologist.
9. **Infection Control:** Infection control is always important to an applicant's and patient's well-being. Hand washing is an important method to prevent infection to the patient and applicant so wash hands frequently. Masks must be worn. Applicants will not participate in any radiology exam of a known COVID-19 patient.
10. **Flu shot is required for the current flu season** (October to March).
12. **Breakfast:** It is recommended that applicants **eat breakfast** prior to shadowing to prevent light-headedness.

Applicant's Name _____ Date _____
Print Name Clearly

Applicant's Signature _____

Shadowing Documentation Form: take this documentation form to the healthcare facility and have the assigned radiologic technologist sign it to document your job shadowing experience.

Name of Healthcare Facility Location: City/State	Date of Shadowing	Hours Completed	Printed Name of Radiologic Technologist	Signature of Radiologic Technologist
SAMPLE: <i>Salem Regional Medical Center Salem, Ohio</i>	<i>1/7/2022</i>	<i>4</i>	<i>Jane Smith</i>	<i>Jane Smith, R.T.</i>

SUBMIT THIS FORM before Feb. 1st to Sherry DeWitt, Radiology Secretary

Sherry DeWitt
Radiology Secretary
Kent State University Salem
2491 State Route 45 South
Salem OH 44460
Phone: 330-337-4227
Fax: 330-337-4255
Email: sdewitt@kent.edu

Kent State University Salem Campus
Associate of Applied Science Degree in Radiologic Technology
2022 Job Shadowing Evaluation Form: Four Hours

Part I—Applicant: Print this form for each job shadowing experience. Be sure to print your name and phone number below, read and sign the waiver statement if applicable, and write the name of the healthcare facility attended. Submit this form to the radiologic technologist observing you.

Applicant's Name _____ Cell Phone Number _____
 (Print Last Name, First Name)

Waiver: I waive the right to review this completed form in order to afford an unbiased evaluation.

Applicant Signature _____ Date _____

Part II: Name of Healthcare Facility _____

For the Radiologic Technologist: Please complete the following evaluation of the applicant. The form will be reviewed and kept confidential by the admissions committee. Deadline to submit is February 1st.

Please circle the characteristic that best evaluates the applicant during this shadowing:

Characteristics	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Punctuality	Applicant arrived on time	Applicant was 5 minutes late	Applicant was late 10 or more minutes
Professional Appearance	Appearance was appropriate & professional	Appearance was somewhat appropriate and professional	Appearance was inappropriate and unprofessional
Interest in radiology procedures	Applicant showed a great deal of interest in the procedures performed	Applicant was somewhat interested in the procedures performed	Applicant demonstrated little interest in the procedures performed
Interaction and Concern for the Patient	Applicant interacted well and showed genuine concern for the patient	Applicant had some interaction and showed some concern for the patient	Applicant had limited interaction and showed little concern for the patient
Communication Skills	Applicant was well spoken with very good communication skills	Applicant had average speaking and communication skills	Applicant had limited speaking and communication skills
Professional Conduct	Professional conduct and behavior were very good.	Professional conduct and behavior were acceptable	Professional conduct and behavior were inappropriate
Overall Impression	Applicant made a very good impression Good Candidate	Applicant made a good impression Average Candidate	Applicant made a poor impression Poor candidate

Comments: _____

Printed Name of Evaluating Technologist _____

Technologist Signature _____ Date _____

Technologists-please fax this form to Sherry DeWitt at 330-337-4255 or email to sdewitt@kent.edu

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