

Kent State Ashtabula Radiologic Technology Job Shadowing Instructions

Contact the Allied Health Programs Administrative Clerk, Theresa Hootman, at thootma1@kent.edu for any questions/concerns.

Please follow these directions:

- 1. Schedule your job shadowing in advance of the February 1st application deadline.**
(Job shadow must be completed within the last 24 months of program application.)

It is recommended to schedule your job shadowing during the fall and spring semesters when current radiology students may also be at the clinical site. If you work at a facility, you may not shadow during your work hours.

Contact information of clinical sites affiliated with KSU Ashtabula. State that you are requesting to complete job shadowing in the x-ray department.

You may need to leave a message – make sure you record your name and phone number, speak slowly and clearly.

Contact information for clinical sites:

Ashtabula Regional Medical Center (Hospital): Brock Ostavitz: brock.ostavitz@armchealth.org
MetroHealth Parma Medical Center: Jessica Sterna: jsterna@metrohealth.org
University Hospitals Lake West Medical Center: Loretta Sparks: 440-953-6049 loretta.sparks@UHhospitals.org
University Hospitals Conneaut Medical Center: Jenna Saksa: Jrsaksa@kent.edu
University Hospitals Geauga Medical Center: Kaitlyn Lucarelli: 440-285-6386
University Hospitals Geneva Medical Center: Jenna Saksa: Jrsaksa@kent.edu

- 2. Print and bring the Shadowing Documentation Form:** Have the evaluating radiologic technologist date and sign this form. Keep a copy for your record and have the site email (thootma1@kent.edu) or fax (440-964-4355) a copy to Theresa Hootman.

Print and take (1) Evaluation Form: Take the evaluation form to the clinical site and submit it to the radiologic technologist assigned to you. Upon completion, the technologist will fax the form to us. Please read the evaluation form to view the characteristics to be evaluated. These are reviewed when selecting students.

- 3. Dress code:** When attending a hospital to complete the job shadowing or observation, applicants must dress appropriately. Professional attire includes dress pants with a short- or long-sleeved shirt and appropriate shoes (white athletic shoes with minimal color are acceptable). Applicants **must not wear** T-shirts, sleeveless, halter, or low-cut tops; jeans or shorts; sandals or open-toed shoes. No nose rings or facial piercings. Two earrings per ear are acceptable but must not be hoop or dangling styles. No large jewelry of any kind is permitted. All tattoos must be covered. No extreme hair colors. No perfume, colognes, or scented lotions. Nail color must be neutral. Applicants who dress unprofessionally will not be permitted to complete the job shadowing experience.
- 4. Cell Phone/Smart Watch Use:** No cell phone usage is permitted during the observation.
- 5. 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. You are encouraged to interact with technologists and students (if present) and ask questions during your shadow experience.

6. **HIPAA:** all information must be kept **confidential** to ensure patient privacy by following HIPAA policies.
7. **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 in the patient and applicant, so wash hands frequently. Some facilities may require that a mask be worn. Applicants will not participate in any radiology exam of a known COVID-19 patient.
8. **A flu shot is required for the current flu season** (October to March).
9. **Breakfast:** It is recommended that applicants **eat breakfast** before shadowing to prevent light-headedness.

Kent State Ashtabula Radiologic Technology Shadowing Documentation Form

Applicant's Name: _____ Date: _____
(Print Last Name, First Name)

Applicant's Email: _____

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>ARMC Ashtabula, Ohio</i>	<i>1/5/2026</i>	<i>4</i>	<i>Jane Smith</i>	<i>Jane Smith, R.T.</i>

Keep a copy of your records and submit them to Theresa Hootman for verification/proof of shadowing experience by February 1st.

Theresa Hootman, Allied Health Programs Administrative Clerk

Fax: 440-964-4355

Email: thootma1@kent.edu

This page was intentionally left blank.

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

Part I – For the 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) Applicant's Email: _____

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

Applicant Signature: _____ Date _____

Name of Healthcare Facility: _____

Part II – 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 email thootma1@kent.edu or fax 440.964.4355 this form to Theresa Hootman

This page was intentionally left blank.

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

Part I – For the 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) Applicant's Email: _____

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

Applicant Signature: _____ Date _____

Name of Healthcare Facility: _____

Part II – 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 email thootma1@kent.edu or fax 440.964.4355 this form to Theresa Hootman

This page was intentionally left blank.