

Job Shadowing Instructions and Requirements (Please Read Carefully)

Applicants may earn **7 points** toward their phase I application point total by completing a job shadow in a diagnostic imaging department. Sign the bottom of the page to acknowledge that this procedure was followed and is true.

Requirements:

- Shadow for a minimum of 3 hours by the end of PCC's Winter term (March 23, 2025)
- Must shadow in an inpatient department (not outpatient/stand-alone imaging department)
- Must shadow a general radiology/diagnostic imaging department (i.e., not a specialized department for CT, MRI, Ultrasounds, or Mammography)

Tips on setting up the job shadow:

- Identify a hospital geographically near you as your job shadowing site (**shadow at only ONE medical imaging facility**)
- Call the medical imaging department directly or their volunteer services office
- Explain that you are looking for a minimum of 3 hours job shadowing an inpatient diagnostic imaging department
- If possible, connect with the student/clinical coordinator in the imaging department (usually the person to coordinate applicant job shadows)
- Print out the job shadowing verification form part II, next page, and bring it with you to your shadow. (**You will need to obtain a signature from the coordinator who facilitates your shadowing experience**)
- Attend the shadowing experience with a list of questions you would like answered. See potential question prompts to use below

A list of questions you would like answered; See potential question prompts to use below:

- What are the main duties and responsibilities of an inpatient radiographer?
- What are the physical demands of a radiographer?
- What surprised/excited/scared you about what you saw during your shadow?
- What were the challenging parts of the job in your viewpoint?
- What are the rewarding parts of the job?
- How does teamwork play a role in this job?
- How does communication (with patients and coworkers and leads) play a role in this job?
- Describe some of the exams you were able to witness and participate in - portable, post-surgery, fluoroscopy procedures, etc.

Post shadowing:

Following your shadowing experience, complete and upload **Part I and Part II** of this form to your AHCAS account prior to submitting the Radiography Application which is due April 15, 2025.

By signing below, I certify that I understand that providing false information on this form will result in nullification of application and/or dismissal from the program. I understand that I must **submit both pages** of this form for my shadowing experience to be considered. I understand that PCC reserves the right to contact anyone listed on this form to verify that this information is true and correct.

Applicant Signature: _____ Date: _____

Both part I and II of this form must be uploaded to your AHCAS application.



PCC Radiography Program
Job Shadowing Verification Form - Part II

Applicant Name: _____ **Student ID:** _____
(Applicant, please fill out above)

To be completed by the **Shadow Coordinator/Facilitator** and returned to the applicant:

| | |
|---------------------------------|--|
| Name of Facility | |
| Facility Address | |
| Coordinator Name | |
| Email | |
| Shadow Dates | |
| Shadow Times | |
| Total Shadowing Hours Completed | |

Coordinator's Signature _____ Date _____

Both pages of this form **MUST** be completely filled out and uploaded in the documents section under the "Shadowing/Healthcare Hours" category as part of the applicant's AHCAS Application. **Shadowing must be completed before the end of PCC's Winter Term (March 23, 2025)**. All application material must be submitted to AHCAS and received by the April 15, 2025 8:59pm PST deadline or prior to submitting your application.

Both part I and II of this form must be uploaded to your AHCAS application.