Certificate in Radiography Program Clinical Observation Record

| Student name: |
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| |
| Institution name (clinical site): |
| |
| Date(s) of observation: |
| Length of observation: |
| Supervising technologist: |
| Printed name: |
| Signature: |

Please provide a brief description of your observation experience to include:

- Type of clinical environment
- Procedures observed
- Radiographers' roles/responsibilities