EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

Medical Imaging Program
Volunteer Verification Form

The purpose of volunteering within a Radiology/Imaging Services Department is to allow prospective students to make an educational and career decision based on firsthand knowledge of the daily job requirements of radiologic technologists. **Completion of volunteer hours is a requirement for admission, and it is strongly recommended that applicants schedule these experiences well in advance of the June 1st application deadline.**

Applicant Name: _____

Facility: (Name, Address)	**Date:**	**Time:**	**Hours Completed:**

Supervising Technologists (may document multiple names if appropriate): _____
_____
_____
_____
_____

What shift(s) did you observe? (check all that apply)

- ☐ First (7a-3p for ex.)
- ☐ Second (3p – 11p for ex.)
- ☐ Other_____(nights, weekends etc.)

How many total volunteer hours did you complete? _____

Area or modality you observed (Check all that apply):

- ☐ Fluoroscopic Procedures
- ☐ Emergency Room/Trauma Radiology
- ☐ Portables/ Mobile Radiologic Procedures
- ☐ Inpatient General Radiology
- ☐ Outpatient General Radiology
- ☐ Specialty areas (Circle one or a combination:
  Ultrasound, CT, MRI, Angiography or Nuclear Medicine)

In the space provided describe some of the exams you observed, as well as what you learned during your volunteer hours.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

To the site supervisor: This prospective student is in the process of making application to the Medical Imaging Program offered by Emory University. The application process requests verification of volunteer experience involving direct patient contact within a Radiology/Imaging Services Department.

Supervisor Comments (optional):

_____
_____
_____
_____
_____

_____ _____

Signature of Volunteer Supervisor **Date**