

**California Baptist University
Radiologic Sciences Program**

Required documentation for clinical observation hours in a radiology setting.

To the Applicant:

Complete the items below and give the enclosed reference grid check off sheet to the individual providing the verification of this experience. The form must be completed by a member of the radiology department that supervised you during this period. Each facility that you are reporting hours toward admission to the Radiologic Sciences program must complete a form.

Applicant name: _____

Right of Access:

Please indicate your preference (complete one box or the other):

I, _____, waive my right to see this recommendation. Signature _____ Date _____
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OR

I, _____, do not waive my right to see this recommendation. Signature _____ Date _____

To the Evaluator:

The above named applicant is applying to the Radiologic Sciences program at California Baptist University. The above information must be completed by the applicant before the form is given to you. The Admissions process requires **at least 8 hours of** clinical observation so that they may gain insight into the profession.

Name of applicant	
Name of Evaluator with credentials	