VERIFICATION OF TIME SPENT OBSERVING OR WORKING IN A RADIOLOGIC FACILITY
(This sheet may be copied, but must be returned with the application)

APPLICANT _________________________________________________________________________

LAST NAME FIRST NAME MI

I verify that the above named applicant has

☐ Observed _________ Hours
☐ Been Employed _________ Years _________ Months _________ Days

(A minimum of 8 hours is required)

_____________________________________________________________________________________

NAME OF HOSPITAL OR IMAGING FACILITY

_____________________________________________________________________________________

PRINT NAME OF VERIFYING RADIOGRAPHER

_____________________________________________________________________________________

SIGNATURE OF RADIOGRAPHER

_____________________________________________________________________________________

LICENSE NUMBER

_____________________________________________________________________________________

STREET ADDRESS OF IMAGING CLINIC

_____________________________________________________________________________________

CITY COUNTY (State, if not in Florida) ZIP

Complete and return the application, health questionnaire, and verification of radiography experience to:

South Florida State College
Health Sciences Staff Assistant
600 West College Drive, Avon Park, FL 33825

Questions? 863-784-7027

South Florida State College is an equal access/equal opportunity institution.