

Nuclear Medicine Technology Observation Form

This is to certify that: (name) _____ SS#: _____
has completed _____ hours of observation at _____ Hospital
on _____ (date).

Technologist Signature

Date

This is to certify that: (name) _____ SS#: _____
has completed _____ hours of observation at _____ Hospital
on _____ (date).

Technologist Signature

Date

The student should:

1. Contact the NMT Program Coordinator at Bluegrass Community & Technical College.
2. Arrange a mutually convenient time to meet the Coordinator at a clinical site to begin the observation.
3. Complete the upper portion of this form for the first 4 hours and have it signed.
4. Arrange with the clinical site to schedule the remaining 4 hours.

This form must be completed and returned by February 15 to:

Bluegrass Community and Technical College
Office of Admissions
200 Oswald Building, 470 Cooper Drive
Lexington, KY 40506-0235