

**RADIOLOGIC TECHNOLOGY**  
**Volunteer Hours Verification Form – 36 required hours**

**Applicant Instructions:**

1. Include this form with your application.
2. All signatures and phone numbers must be verifiable.
3. Missing information may be cause for non-consideration.
4. You must break down the hours between general x-ray and modalities. If you observe more than one modality in a day, separate the hours for verification purposes.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Clinical Site: \_\_\_\_\_

Clinical Site Address: \_\_\_\_\_

Clinical Site Phone Number of the Radiology Department: \_\_\_\_\_

**Supervisor Instructions:**

1. Print your name and initial for verification purposes.
2. Provide a work number where you can be contacted.
3. Provide a work email address where you can be contacted.

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

<b>Date</b> <b>MM/DD/YY</b>	<b>Hours</b> <b>(8:00 – 4:00 = 8 hours)</b>	<b>Modality</b> <b>(General x-ray, CT, MRI, US)</b>	<b>Initials</b> <b>of Tech</b>
<b>Total Volunteer Hours:</b>			