OBSERVATION VERIFICATION FORM

To increase applicant's awareness of the responsibilities of a Nuclear Medicine Technologist, verification of observation of Nuclear Medicine Department activities is required. All applicants are required to visit any two of the clinical affiliates. A list of affiliates names, addresses and phone numbers is found below. It is the applicant's responsibility to make an appointment at least two weeks in advance with the Nuclear Medicine Department representative of the hospital. Appropriate dress (business casual) is required for the observation visit. Expect to spend a minimum of 4 hours observing each of two clinical affiliates (total of 8 hours). Observation verification forms must be completed and returned by the applicant to the Program Manager once accepted into the program.

NUCLEAR MEDICINE PROGRAM
CLINICAL AFFILIATES

Mr. Setha Pich
Clinical Instructor
MetroHealth
2500 MetroHealth Drive
Cleveland, Ohio 44109
Phone: 216-778-4759

Ms. Janine Tessean
Clinical Instructor
University Hospitals of Cleveland
11100 Euclid Avenue
Cleveland, OH 44106
Phone: 216-844-3107

Mr. Jason Szmania
Clinical Instructor
Elyria Memorial Hospital
630 E. River Rd.
Elyria, OH 44035
Phone: 440-326-5422

Mr. David Stadnik
Clinical Instructor
Lake Health Systems West Medical Center
36000 Euclid Avenue
Willoughby, OH 44094
Phone: 440-953-6243

Ms. Nancy Kriks
Clinical Instructor
Medina Hospital--CC
1000 East Washington Street
Medina, OH 44256

Mr. Matt Baum
Clinical Instructor
South Pointe Hospital--CC
20000 Harvard Rd
Warrens ville Hts., OH 44122

Mr. Bill Kapes
Clinical Instructor
Hillcrest Hospital--CC
6780 Mayfield Road
Mayfield Hts., OH 44124

Mr. Nick Jordan
Clinical Instructor
Cleveland Clinic Foundation--CC
9500 Euclid Avenue
Cleveland, Ohio 44106

Ms. Kathy Cunningham
Clinical Instructor
Fairview Hospital--CC
18101 Lorain Ave.
Cleveland, OH 44111

**For all Cleveland Clinic (CC) sites below please contact: Amy Graska BS RT (R)(M) Radiology Supervisor 33100 Cleveland Clinic Blvd Avon, OH 44011, 440-309-9111, e-mail: amgras@ccf.org. DO NOT CONTACT CC sites directly!!**
CUYAHOGA COMMUNITY COLLEGE
Observation Verification Form
Nuclear Medicine Program

Applicant's ___________________________________________________ __________ please print
Last Name                      First

Student Number ________________________________

To Whom It May Concern:

The bearer of this letter is an applicant to the Nuclear Medicine program at Cuyahoga Community College. All applicants to this program are required to observe activities performed by a Nuclear Medicine Technologist in order to gain some familiarity with the duties and responsibilities required of the profession. We would appreciate your verification of the following information and to verify this person spent a minimum of 4 hours observation at your site.

I. The applicant has observed routine procedures in the Nuclear Medicine Department.          yes[ ]  no[ ] .

II. The applicant has observed the following:

                                       __________________________________
                                       __________________________________
                                       __________________________________

III. The applicant has been briefly informed of the basic responsibilities of a Nuclear Medicine Technologist.    yes[ ]  no[ ]

IV. The applicant has observed and followed all radiation protective measures as recommended by the Nuclear Medicine Department.    yes[ ]  no[ ]

Should you desire to do so, you may write a brief evaluation of the applicant's interest and/or qualifications.

_________________________________________  Nuclear Medicine Dept. Representative
Signature/Print Name

__________________________  __________________________
Hospital                      Phone Number

__________________________  __________________________
Date of Observation    Length of Time Observed

NOTE: It is the applicant's responsibility to return this original to Nuclear Medicine Program Manager.

A copy may be retained at the hospital.

We extend our sincere appreciation for your cooperation.
CUYAHOGA COMMUNITY COLLEGE
Observation Verification Form
Nuclear Medicine Program

Applicant's ___________________________________________________ please print
                      Last Name                      First

Student Number ________________________________

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I. The applicant has observed routine
   procedures in the Nuclear Medicine
   Department.       yes[ ]    no[ ] .
                      yes[ ]    no[ ]

II. The applicant has observed the following:

   __________________________________
   __________________________________
   __________________________________

III. The applicant has been briefly informed
     of the basic responsibilities of a
     Nuclear Medicine Technologist.     yes[ ]    no[ ]

IV. The applicant has observed and followed
    all radiation protective measures as
    recommended by the Nuclear Medicine
    Department.       yes[ ]    no[ ]

Should you desire to do so, you may write a brief evaluation of the applicant's interest and/or
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________________________________________________________________________
Signature/Print Name   Nuclear Medicine Dept. Representative

________________________________________________________________________
Hospital                      Phone Number

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