WOMEN'S IMAGING (MAMMOGRAPHY) CLINICAL SITE APPROVAL FORM

This form is to be completed by the clinical affiliate supervisor.

Prospective students applying to a Weber State School of Radiologic Sciences Regional Bachelor's program must have a clinical affiliate which will allow them to perform clinical education under the supervision of a **certified technologist, and a physician**. In general, the clinical experience for the Regional Program is a minimum of 24 hours per semester week for the **summer semester** of their program or until all requirements are met. The **Women's Imaging Program** is **2-3** semesters in length, beginning Summer semester.

Date: _____

Student Information

Student Name:
Street Address:
City, State, Zip:
Daytime Telephone Number:
Email Address:

Employer / Health Care Facility Willing to Provide Clinical Education

Institution Name:
Department:
Street Address:
City, State, Zip:
Telephone Number:

Is this student employed at your site? Yes / No

Primary Supervisor - Please provide photocopy of current certification card.

Name:
Credentials:
Telephone Number:
Email Address:

Characteristics of the Clinical Facility

Please indicate the following:

Annual Number of Exams Completed at your Facility in the Mammography Department	
Estimated Daily Procedures Completed with a Student (observation, assistance, and, performance)	
Part of the ARRT requirements for Mammography is to sit with the radiologist on site for image review. To meet this requirement, all clinical sites must have a radiologist who reads on site. Will your facility be able to comply with this requirement?	

Please list the types of exams provided at your facility:

Please list the equipment and resources available for student learning at your facility:

My signature verifies that this Women's Imaging/Mammography Clinical Site Approval form is correct and the applicant is currently or will have the opportunity to gain clinical experience in this facility. The experience will include performing examinations under the supervision of a certified technologist, and a physician educated or certified in performing the examinations.

_____ _____

Signature of Affiliate/Clinical Site Supervisor **Date**

Thank you for supporting students in the School of Radiologic Sciences at Weber State University. If necessary, we will reach out to your facility for an Affiliation Agreement (includes liability insurance).

Questions may be directed to:

Ambree Penrod, M.Ed., RT(R)(ARRT), RDMS
School of Radiologic Sciences
801-626-6089
E-mail: ambreepenrod@weber.edu

Jennifer Santiago, MSRS, RT(R)(M)(ARRT)
School of Radiologic Sciences
E-mail: jennifersantiago@weber.edu