#  LONE STAR COLLEGE MEDICAL RADIOLOGIC TECHNOLOGY PROGRAM

Dear Healthcare Professional,

 , an applicant of the Lone Star College CyFair or Montgomery Medical Radiologic Technology Program, has declared that he/she has volunteered or observed at your institution.

For our program to recognize the applicant’s time spent at your facility, we require verification of the above referenced individual’s volunteer or observation, while under your supervision. Please provide a response to all information requested on the Imaging Observer-Volunteer Verification Form (second page).

Supervisors or facility representatives, please provide a copy of this form to the student so they can upload it during the application period.

Thank you for taking the time to complete this form. Please feel free to contact one of the program directors if you have further questions regarding this request.

Sincerely,

Lone Star College MRT Program Directors

Lindsey Brockhan

Lone Star College CyFair

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Francis Ozor

Lone Star College Montgomery

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# Medical Radiologic Technology Program

# Imaging Observer-Volunteer Verification Form

**Applicant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle One:** Volunteer Observer

**Start Date**: **End Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total** **Hours**: \_\_\_\_\_\_\_\_

**Type of Volunteer Duties Performed and/or Procedures Observed**:

I hereby certify that the information contained in this form is true, complete to the best of my knowledge. I understand that any omission, misrepresentation, or falsification of information is cause for denial of admission or immediate dismissal from the MRT program.

**Healthcare Institution Information:**

Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor or Representative Who Will Verify Applicant:**

Printed Name & Title

Contact Phone (required to verify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Signature Date