

**DELGADO COMMUNITY COLLEGE  
NUCLEAR MEDICINE TECHNOLOGY PROGRAM  
DOCUMENTATION OF EXPERIENCE FORM**

**PART I — TO BE COMPLETED BY THE APPLICANT**

**Purpose:** Document an applicant's observation experience in a nuclear medicine department. Complete Part I before giving this form to the supervising technologist.

**Applicant Name:** \_\_\_\_\_ **Date(s) of Observation:** \_\_\_\_\_  
**Facility:** \_\_\_\_\_ **Total Observation Hours:** \_\_\_\_\_  
**Supervising Technologist:** \_\_\_\_\_ **Technologist Credentials:** \_\_\_\_\_

**Procedures / Activities Observed (check all that apply):**

- |                                                                     |                                                                   |
|---------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Bone imaging                               | <input type="checkbox"/> Cardiac imaging                          |
| <input type="checkbox"/> Lung imaging                               | <input type="checkbox"/> Hepatobiliary imaging                    |
| <input type="checkbox"/> Renal imaging                              | <input type="checkbox"/> Thyroid / endocrine imaging              |
| <input type="checkbox"/> GI / gastric imaging                       | <input type="checkbox"/> Brain imaging                            |
| <input type="checkbox"/> PET/CT                                     | <input type="checkbox"/> SPECT/CT                                 |
| <input type="checkbox"/> Oncology imaging                           | <input type="checkbox"/> Sentinel lymph node / lymphoscintigraphy |
| <input type="checkbox"/> Radiopharmaceutical therapy / theranostics | <input type="checkbox"/> Dose preparation / dose calibrator       |
| <input type="checkbox"/> Quality control                            | <input type="checkbox"/> Other: _____                             |

**Applicant Reflection (optional):** What did you learn about the role of the nuclear medicine technologist?

**PART II — TO BE COMPLETED BY THE SUPERVISING TECHNOLOGIST**

Please evaluate the applicant's observed professional behaviors. Mark the rating that best reflects performance. Use N/O if not observed.

| Area                                                                         | Needs Improvement<br>1–2 | Developing / Satisfactory<br>3–5 | Strong / Excellent<br>6–7 |
|------------------------------------------------------------------------------|--------------------------|----------------------------------|---------------------------|
| Listening / Communication<br>Listens attentively and responds appropriately. | 1   2                    | 3   4   5                        | 6   7   N/O               |
| Verbal Communication<br>Communicates clearly and professionally.             | 1   2                    | 3   4   5                        | 6   7   N/O               |
| Interest / Engagement<br>Shows interest and asks appropriate questions.      | 1   2                    | 3   4   5                        | 6   7   N/O               |
| Professional Behavior<br>Punctual, courteous, respectful, and reliable.      | 1   2                    | 3   4   5                        | 6   7   N/O               |

**Comments:**

**Technologist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_  
**Facility:** \_\_\_\_\_ **Phone / Email:** \_\_\_\_\_

*Thank you for supporting prospective students in learning about the profession of nuclear medicine technology.*