

BELLEVUE COLLEGE
 NUCLEAR MEDICINE TECHNOLOGY PROGRAM
 PROSPECTIVE STUDENT HOSPITAL OBSERVATION

NAME: _____

Use this form to document your nuclear medicine observations prior to interviews for the program. The requirements for applicants are:

- 1) You need to observe in at least two nuclear medicine departments. Three hours observation time is about the maximum for any one appointment.
- 2) One of those observations must be in a hospital affiliated with the BC program. These hospitals and the name and phone number of the person to call are given below:

In the Puget Sound region:

Harborview Medical Center	Brent Bonaci	(206) 744-4473 bbonaci@u.washington.edu
Virginia Mason Medical Center	Diana Chalich	Diana.Chalich@vmmc.org
Swedish Medical Center	Marylee Daller	(206) 386-3967
Group Health Capitol Hill Campus	Elma Ferrer	(206) 326-3804
Good Samaritan Hospital	Karen Foreman	Karen.Foreman@multicare.org

In Southeast Washington:

Yakima Valley Memorial Hospital	Jim Williams	JamesWilliams@yvmh.org (509) 575-8099
Kadlec Medical Center	Heather Newell	(509) 946-4611, ext. 4262

- 3) If you are from outside of the Seattle/Tacoma area, you should plan to complete the required two observations in your area prior to the first interview. If you are invited to the second interview, you will be required to come to Bellevue and/or Richland. You should then schedule an appointment with one of the program's clinical sites in conjunction with that trip.
- 4) The expectations for observations include calling ahead to make appointments, appropriate dress (no jeans, no open-toed shoes), and signing a confidentiality form to be in compliance with HIPAA regulations. Your demeanor during the observation will be taken into account in the acceptance process.
- 5) One of the goals of the observation is for the prospective student to gain a good understanding of the job description of a nuclear medicine technologist. Please pay attention to all aspects of the job.

Clinical site	Date	Hours of observation	Signature of nuclear medicine tech

I attest that I have met the above requirements for observation and that the information given above is accurate. I understand that my professionalism is under consideration during the observations.

Signature _____