

Job Shadow Instructions

This may include any full service Out Patient Imaging Center.

Job shadow is a requirement for being eligible for the program. It will provide you with a wealth of information about what the daily job of a Radiologic Technologist is like. Eight (8) hours of job shadow are required. Students must complete all eight (8) hours in order to be eligible. The job shadow form is good for two years, so keep a copy in case you need to reapply the following year. **The YVC radiologic sciences department will not keep a copy for you.**

You will want to schedule soon because time slots will fill up quickly. The YVC radiologic sciences department will not be responsible for a student's inability to complete this requirement.

Locations for Job Shad and the instructions for each location:

Yakima Memorial Hospital

Instructions:

1. Go to: <https://volunteer.yvmh.org/pages/app:jobshadow> to fill out the job shadow form.
2. You will need to send copies of your flu vaccine, COVID-19 vaccine, and proof of a negative tuberculosis skin test (PPD) to MemorialEmployeeHealth@yvmh.org.
3. After completing step #1 and #2, please **notify your advisor** that you have filled out the application form and submitted your immunization requirements.
4. **Your advisor** will notify the hospital volunteer coordinator that you have completed the form so that they can begin processing your application.
5. The hospital coordinator will contact you regarding any additional requirements and inform you if you are cleared to schedule.

*Note: Due to possible additional hospital requirements, **please plan on 3-4 weeks prior to being scheduled for job shadow.** If you have not heard from the volunteer coordinator within 4 weeks of submitting the application, please contact **Memorial Volunteer Services for assistance.***

6. Once the hospital requirements are complete, contact the program coordinator at YVC, 509-574-4532, to make an appointment. Job shadows are only scheduled during Mon-Fri day shift (excluding holidays), and must be scheduled at least 4 hours at a time, but you may schedule for the entire 8 hours at once if you wish.

Kittitas Valley Hospital (Ellensburg)

1. Contact Kyle West at kwest@kvhealthcare.org via email to let him know you want to do job shadow in the radiology department. Include the dates in which you would like to do job shadow, include the number of hours—8 hours are required so if you wish to do it over two days, include both dates and the number of hours for both.
2. You must choose dates that are two months from the initial contact with Kyle. For example, if you contact Kyle on February 1st, don't request a job shadow date until April 1st or after.

3. You will need proof of COVID vaccination and to complete all of this facility's required paperwork before you can be scheduled.

Toppenish OR Sunnyside Hospital (Astria)

1. Contact the HR department in Sunnyside at 509-837-1500 (make sure to ask for the Human Resources Department)
2. Let them know you wish to do job shadow in radiology and let them know our preferred hospital (Toppenish or Sunnyside), the dates in which you would like to do job shadow, include the number of hours—8 hours are required so if you wish to do it over two days, include both dates and the number of hours for both.
3. You must choose dates that are two months from the initial contact with the HR department. For example, if you contact the HR department on February 1st, don't request a job shadow date until April 1st or after.
4. You will need proof of COVID vaccination and to complete all of this facility's required paperwork before you can be scheduled.

****Please note, you may be required to attend an in-person meeting with the HR department for paperwork prior to being scheduled for your job shadow. ****

Regardless of where you schedule, please read the following information:

Utilize the enclosed form for documentation. The form must be signed by a **Registered RT** at the institution, not a student radiographer. **Please verify that they are an RT, forms signed by improper personnel will not be counted.**

If you are unable to attend your scheduled job shadow visitation, the applicant must notify the program coordinator at 574-4532 and the imaging (radiology) department in which you scheduled your job shadow. You may reschedule your time with the program coordinator as long as there are openings remaining. Be sure to let the program coordinator know which facility you were scheduled at.

Additionally, if you live near a different hospital or imaging center (not listed above), you may contact them directly to arrange for your visitation if you wish. The YVC radiologic sciences program will not be responsible for any aspect of job shadow scheduling at different locations.

Job Shadow – Dress Code:

When observing an x-ray department at the hospital, it is extremely important to dress appropriately. A professional, clean appearance is necessary as you will be observing patients. Please follow the guidelines below:

1. Appropriate (business) length dress or skirt, or nice slacks (**no jeans**)
2. Flat shoes with toe and heel covered, no heels. Remember you will be on your feet so you should choose something comfortable.
3. Limit jewelry to small and light colored.

4. Hair neat and clean, no hats. Hair that is longer than shoulder length needs to be pulled up.
5. **Absolutely no perfumes or cologne please. Due to patient allergies, this is absolutely prohibited.**
6. **No cell phones, smart watches, or other electronic devices will be allowed.**

Job Shadow Form

Yakima Valley College Radiologic Sciences

(TO BE COMPLETED PRIOR TO MARCH 1, OF YEAR APPLYING)

SESSION 1

Applicant's Name: _____

(first)

(last)

I understand that all patient observations and information regarding those patients are strictly confidential.

Signature of Prospective Student (*requires a non-electronic signature*):

X _____

(hospital) (number of hours) (date)

What exams did you observe? _____

Radiographer's Signature (*requires a non-electronic signature*): X _____

SESSION 2

Applicant's Name: _____

(first)

(last)

I understand that all patient observations and information regarding those patients are strictly confidential.

Signature of Prospective Student (*requires a non-electronic signature*):

X _____

(hospital) (number of hours) (date)

What exams did you observe? _____

Radiographer's Signature (*requires a non-electronic signature*): X _____

TURN THIS FORM IN WITH YOUR APPLICATION