Radiography Observation/Work Experience Form

1. App	licant Name:	PeopleSoft#:
2. Area	as applicant may observe: (please cl	heck all applicable categories).
	Basic Routine Radiography	yFluoroscopy
	Emergency Room	
. Amo	ount of time devoted:	
Rad	iography observation/work experies	nce waived by:
l. Any	additional comments you wish to r	make about the applicant:
	additional comments you wish to r	make about the applicant:

Please send this form to:

Bluegrass Community and Technical College Office of Admissions 200 Oswald Building, 470 Cooper Drive Lexington, Ky 40506-0235