MEMORANDUM

TO: Radiography Applicant

FROM: Baptist Health College Little Rock -School of Radiography

DATE: Fall 2026 – Spring 2027

SUBJECT: Required Observation Experience

The Baptist Health College Little Rock-School of Radiography requires an observation experience for all program applicants. This experience must be for **six (6) hours** and may be completed in any Diagnostic Radiology department under the supervision of a registered radiographer (RT(R)). It is the responsibility of the applicant to make arrangements with an RT/department for this experience. The applicant is also responsible for obtaining the Observation Form from the BHCLR website and giving it to the supervising radiographer. This requirement must be met and all forms returned by the **preferred** file completion deadline of March 1st. Students not completing their observation experience prior to Final File Completion deadline of March 15th, will **NOT** be considered for an interview.

Guidelines for observation experience are as follows:

1. Observer must have **completed the online application process** for the School of Radiography found on the BHCLR website, **prior** to setting up observation hours.

2. Observer must contact a busy **diagnostic** radiology department, **not** a specific advanced modality area.

   Observations are not required at these locations, just given as options.

   -BHMC-NLR, please contact Kirsten Langston at Kirsten.langston@baptist-health.org.
   -BHMC-Conway, please contact Susan Young at Susan.young@baptist-health.org
   -Conway Regional Medical Center, please contact Brian Ellzey at Brian.ellzey@conwayregional.org
   -St. Mary's Regional Medical Center, please contact Kayla Shinn at Kayla.shinn@saintmarysregional.com

3. **Observers must review and follow all required policies and procedures of the observation site.**
   -To expedite the process, observers must provide proof of a **current flu vaccination.**

4. The observer gives the RT (R) the evaluation forms the first day of the observation experience. Please be sure to sign the top of the form **prior** to providing it to the RT(R).

5. Once the observation experience is completed, the RT(R) completes the evaluation form and emails it to suzy.bullard@baptist-health.org

6. The evaluation form **MUST** be received prior to the Final File Completion date of March 15.

7. Observation hours must be dated within one year of applying for the program. For example, if observation hours were completed in January 2025 and the application is submitted in February 2026, the hours will not be accepted. An additional six (6) hours will need to be completed. Applicants are not allowed to use current or previous work site as observation hours, nor can an applicant observe under an RT(R) who is a family member or friend.

8. **Please note: If an observer is allowed to observe in an MRI department, they must be properly screened.**

Baptist Health College Little Rock
School of Radiography

OBSERVATION EVALUATION FORM

Applicant's Name: _____ Date: _____

In requesting the completion of this evaluation form which will be used in the admission selection process for the Radiography program at the Baptist Health College Little Rock, I waive my right of access to this document:

_____
(Applicant signature)

Registered Radiographer completing this form _____

Facility and Address: _____
_____

Telephone: _____

The student is required to complete **6 hours** of observation. Number of observation hours completed at your facility: _____

Instructions: Please circle the number closest to the best description of the student.

TIMELINESS:

1.1 Attendance

1	2	3	4	5
Poor attendance, Late				On time, early

INTERPERSONAL SKILLS:

2.1 Attitude towards patient

1	2	3	4	5
Rude, careless, inappropriate, fearful, overly involved, etc.				Pleasant, appropriate

2.2 Attitude toward staff

1	2	3	4	5
Inappropriate, sullen, disrespectful, cavalier				Cooperative, respectful.

2.3 Communication Skills

1	2	3	4	5
Ineffective, poor verbal skills, unclear, poor listener				Effective, clear, concise

2.4 Affect/Emotional Response

1	2	3	4	5
Labile/immature negative, inappropriate				Mature, empathetic

WORK BEHAVIOR

3.1 Motivation

1	2	3	4	5
Unmotivated/disinterested				Good motivation/desire to learn

3.2 Personal Appearance

1	2	3	4	5
Sloppy, too casual, overly dressed, too revealing, etc.				Complies with dress code of site

3.3 Patient/Client Confidentiality

1	2	3	4	5
Problems maintaining confidentiality				Understands and respects patient confidentiality, no problems

3.4 Observer remained attentive and engaged/interested and not on an electronic device.

Yes or No: Comments:

Please check the procedures/examinations that applicant was able to observe:

_____ CXR	_____ Barium Enema/Gastro Enema	_____ CT scan
_____ Upper Extremity	_____ Upper GI Series/Esophagram	_____ MRI Scan
_____ Lower Extremity	_____ Small Bowel Series	_____ US
_____ Abdomen	_____Myelography/Lumbar Puncture	_____ Vas Lab
_____ Trauma exams	_____ Arthrography	_____ Cath Lab
_____C/T/L Spines	_____ Sinus Tract/Fistulagram	_____NM
_____ Skull/Facial/Sinuses	_____ HSG/Loop-o-gram	
_____Portable Exams	_____Other _____	

Comments and/or concerns regarding this applicant:

*** Please return completed form to: suzy.bullard@baptist-health.or, or**

Baptist Health College Little Rock
School of Radiography
11900 Colonel Glenn Road
Little Rock, AR 72210

Baptist Health College Little Rock
School of Radiography

Radiography Applicant Check-list

Applicant Name _____

Date of Observation _____

Please **do not** allow the student to observe unless they have completed/provided the following documentation.

Please be honest in your evaluation of the applicant and make comments you feel are necessary. The Selection Committee values your comments and feedback about the applicant.

Please complete the following:

_____ Completed online application form on file at BHCLR.

_____ Provide proof of flu (from this season) vaccination.

_____ Completion of required paperwork for observation site, i.e. HIPAA, Corporate Compliance, etc.

_____ Applicant must provide a copy of the Observation Evaluation Form to the Radiology Department the day of observation.

Have completed forms sent via email to suzy.bullard@baptist-health.org.

** The BHCLR-School of Radiography does not need this check-list returned, please keep for your own department records.

Revised: 08/2026 SB/SH