



**2012-13 DIAGNOSTIC IMAGING
VERIFICATION OF JOB SHADOW/
WORK EXPERIENCE**

Blue Mountain Community College
2411 NW Carden, P.O Box 100
Pendleton, OR 97801
(541)278-5759 Service Center
(541)278-5871 Fax
Email: getinfo@bluecc.edu

Please identify below:

1. Your job shadow or work experience in a diagnostic imaging clinical setting; and
2. Experience in a health-care environment with direct patient contact.

Return this form with your Admission application. **Please duplicate this form as needed.**

A. **Name of Employer/Agency:** _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

B. **Supervisor's Name:** _____ **Title:** _____

Supervisor's Phone number: (_____) - _____ - _____

C. **If job shadow experience:**

a. **Dates worked:** ____/____/____ to ____/____/____
Mo Day Year Mo Day Year

b. **Total Hours worked:** _____

D. **If employed:**

a. **Dates of employment:** ____/____/____ to ____/____/____
Mo Day Year Mo Day Year

E. **Brief description of job-shadow experience or work related duties/responsibilities:**

I authorize a representative of Blue Mountain Community College to contact the individual listed on this form to verify the information provided.

Print Name: _____ Signature _____ /____/20____
Date

Blue Mountain Community College is an equal opportunity educator and employer.