

**BAPTIST HOSPITALS OF SOUTHEAST TEXAS  
SCHOOL OF RADIOLOGIC TECHNOLOGY**

3030 Fannin Street Suite A  
Beaumont, Texas 77704

It is a requirement of the application process that you complete 8 hours of observation in a Radiology Department. (This does not include other modalities, CT, MRI, etc.) We prefer that you complete this observation at one of our facilities, but it is not required.

In order to observe at Baptist Hospitals of Southeast Texas Beaumont Campus you must review the documents titled "HIPPA and Safety Awareness". This document can be found on the hospital's website under Radiology School in the Career Center section on the home page.

You must submit an application, application fee, copies of your vaccination records including flu vaccine if applicable (flu season) and the signed Verification of In-Service for Observation form prior to scheduling observation at one of our clinical sites.

You may mail or hand - deliver these items.

Once these forms are received someone on staff will contact you to schedule your observation.

You can observe on the day shifts from 7am-3pm or 8am-4pm, or you may choose to break it up in to two four hour shifts.

You must dress appropriately and can **NOT** wear Jeans!!!!

Black, Khaki or any earth toned pants are acceptable, scrubs are preferred.

NO open toe shoes or backless shoes.

NO spaghetti straps, revealing tops, or inappropriate slogans. Please NO T-Shirts.

Scrubs may be worn if you have them, but do not purchase scrubs for this day. If you are accepted as a student you will be required to purchase the school approved scrubs.

All piercing and tattoos must be removed or covered up.

Cell Phones and other electronic devices are NOT permitted on your person during observation. If you are caught with a cell phone on your person including in your pocket, sock, or other piece of clothing you will be asked to leave and your observation privileges at Baptist Hospitals of Southeast Texas Beaumont will be permanently terminated as will your eligibility to apply for the Radiology School Program.

*If you choose to do your observations elsewhere make sure to document your observation time; a form is included for this purpose. The technologist in charge of the shift should verify your hours.*

*If you would like to schedule observation but are NOT applying for the Baptist Hospital's Radiology School Program, please submit an "Application for Careers in Healthcare" to the HR Department at 3030 Fannin, Suite C. This application can be found at [www.bhset.net](http://www.bhset.net) under Career Center.*

# Baptist

## Beaumont Hospital

### *School of Radiologic Technology*

Radiology School  
P.O. Drawer 1591  
3030 Fannin  
Beaumont, Texas 77704  
409-212-5727  
Fax: 409-212-5743

### **Verification of In-service for Observation**

*You must return this signed form to the Radiology School in order to be eligible to schedule your observation time.*

I have reviewed the documents containing the HIPAA Awareness Training, General Safety Guidelines, Infection Control, and the Behavioral Expectations for Baptist Hospitals of Southeast Texas. These documents are titled "HIPAA and Safety Training" and can be found by going to the following:

<http://www.bhset.net/Career-Center/School-of-Radiation-Technology.aspx>

I understand this is intended to help me understand the scope of my responsibly in the safety and privacy of those I come in contact with during my observation time in the radiology department.

I understand this information and have had the opportunity to ask questions.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**VERIFICATION OF OBSERVATION FORM:**

**For facilities Other than Baptist Hospital Beaumont Campus**

NAME of OBSERVER \_\_\_\_\_

Name of Facility where observation is being done: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME IN: \_\_\_\_\_ TECH VERIFICATION: \_\_\_\_\_

TIME OUT: \_\_\_\_\_ TECH VERIFICATION: \_\_\_\_\_

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Name of Facility where observation is being done: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME IN: \_\_\_\_\_ TECH VERIFICATION: \_\_\_\_\_

TIME OUT: \_\_\_\_\_ TECH VERIFICATION: \_\_\_\_\_

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Name of Facility where observation is being done: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME IN: \_\_\_\_\_ TECH VERIFICATION: \_\_\_\_\_

TIME OUT: \_\_\_\_\_ TECH VERIFICATION: \_\_\_\_\_

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MINIMUM 8 HOURS REQUIRED.