

UPPER EXTREMITY

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

UPPER EXTREMITY

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

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<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

LOWER EXTREMITY

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

LOWER EXTREMITY

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

THORACIC CONTENTS

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

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<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

THORACIC BONES

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

VERTEBRAL COLUMN

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

VERTEBRAL COLUMN

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

ABDOMEN

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

ABDOMEN

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

SMALL INTESTINES

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

COLON

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

CRANIUM

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

PARANASAL SINUS

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

OTHER SKULLS

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

PORTABLE

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

OPERATING ROOM

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

SPECIAL PROCEDURES

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

NUCLEAR MEDICINE

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

SONOGRAPHY

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

RADIATION THERAPY

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

COMPUTERIZED TOMOGRAPHY

<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

DATE OF REVIEW:

REVIEWER:

INTERVAL IN PROGRAM: Clinical Education I Rotation I

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
SMALL INTESTINES				
COLON				
BILIARY SYSTEM				
GENITOURINARY SYSTEM				
CRANIUM				
FACIAL BONES				
PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

CLINICAL EXPERIENCE PROFILE

DATE OF REVIEW:

REVIEWER:

INTERVAL IN PROGRAM: Clinical Education I Rotation II

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
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CRANIUM				
FACIAL BONES				
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OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

CLINICAL EXPERIENCE PROFILE

DATE OF REVIEW:

REVIEWER:

INTERVAL IN PROGRAM: Clinical Education II Rotation I

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
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SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

CLINICAL EXPERIENCE PROFILE

DATE OF REVIEW:

REVIEWER:

INTERVAL IN PROGRAM: Clinical Education II Rotation II

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
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MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

CLINICAL EXPERIENCE PROFILE

DATE OF REVIEW:

REVIEWER:

INTERVAL IN PROGRAM: Clinical Education III Rotation I

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
SMALL INTESTINES				
COLON				
BILIARY SYSTEM				
GENITOURINARY SYSTEM				
CRANIUM				
FACIAL BONES				
PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

CLINICAL EXPERIENCE PROFILE

DATE OF REVIEW:

REVIEWER:

INTERVAL IN PROGRAM: Clinical Education III Rotation II

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
SMALL INTESTINES				
COLON				
BILIARY SYSTEM				
GENITOURINARY SYSTEM				
CRANIUM				
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PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

CLINICAL EXPERIENCE PROFILE

DATE OF REVIEW:

REVIEWER:

INTERVAL IN PROGRAM: Clinical Education IV Rotation I

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
SMALL INTESTINES				
COLON				
BILIARY SYSTEM				
GENITOURINARY SYSTEM				
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PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

CLINICAL EXPERIENCE PROFILE

DATE OF REVIEW:

REVIEWER:

INTERVAL IN PROGRAM: Clinical Education IV Rotation II

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
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BILIARY SYSTEM				
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PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

CLINICAL EXPERIENCE PROFILE

DATE OF REVIEW:

REVIEWER:

INTERVAL IN PROGRAM: Clinical Education V Rotation I

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
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DATE OF REVIEW:

REVIEWER:

INTERVAL IN PROGRAM: EXTR A COPY IF NEEDED. Please indicate the Interval.

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CLINICAL EXPERIENCE PROFILE

DATE OF REVIEW:

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INTERVAL IN PROGRAM: EXTRA COPY IF NEEDED. Please indicate the Interval.

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AUSTIN PEAY STATE UNIVERSITY
RADIOLOGIC TECHNOLOGY PROGRAM
(RADIOGRAPHY)

NAME _____

All unsatisfactory radiographs repeated by students must be done under the direct supervision of a registered technologist. (This means that a qualified staff radiographer is physically present for the total radiographic examination and approves the radiographs). All repeated film must be documented on this sheet by the student and signed by the RT.

	Patient	Date	Type & # of repeat(s)	Facility	RT Signature
1.					
2.					
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19.					
20.					

AUSTIN PEAY STATE UNIVERSITY
RADIOLOGIC TECHNOLOGY PROGRAM
(RADIOGRAPHY)

NAME _____

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<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

DATE	PATIENT	EXAM	OPA	DATE	PATIENT	EXAM	OPA

