

# Junior Clinical Rotation Schedule

Clinical Affiliate: \_\_\_\_\_ Clinical Supervisor: \_\_\_\_\_

Semester: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 (Spring, Summer)

Students	Week:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Date:																
1																	
2																	
3																	
4																	
5																	
6																	
7																	

### CLINICAL SUPERVISION REQUIREMENTS

Clinical Radiography 1 SPRING	Clinical Radiography 2 SUMMER	Abbreviations/Assignments	Abbreviations/Assignments
<b>Restricted Areas:</b> Special Procedures, C.T., MRI, O.R., Portables, and Mammography	<b>Restricted Areas:</b> Special Procedures, C.T. and MRI		
<b>Observation Only:</b> Skull and Contrast Media Studies	<b>Observation Only:</b> Skull and Mammography		
<b>Direct Supervision:*</b> Categories A, B, C, D	<b>Direct Supervision:*</b> Categories A, B, C, D, E, F		
<b>Indirect Supervision:*</b> Category D	<b>Indirect Supervision:*</b> Categories A, B, C, D, E		
*See Clinical Handbook	*See Clinical Handbook		

Signature of Clinical Supervisor: \_\_\_\_\_

Clinical Coordinator: \_\_\_\_\_

# Senior Clinical Rotation Schedule

Clinical Affiliate: \_\_\_\_\_ Clinical Supervisor: \_\_\_\_\_

Semester: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 (Fall, Spring, Summer)

Students	Week:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Date:																
1																	
2																	
3																	
4																	
5																	
6																	
7																	

### CLINICAL SUPERVISION REQUIREMENTS

Clinical Radiography 3 FALL	Clinical Radiography 4 SPRING	Clinical Radiography 5 SUMMER	Abbreviations/Assignments	Abbreviations/Assignments
<b>Restricted Areas:</b> None	<b>Restricted Areas:</b> None	<b>Restricted Areas:</b> None		
<b>Observation only:</b> Special Procedures, C.T., MRI and Mammography	<b>Observation only:</b> Special Procedures, C.T., MRI and Mammography	<b>Observation only:</b> Special Procedures, C.T., MRI and Mammography		
<b>Direct Supervision:*</b> Categories E, F	<b>Direct Supervision:*</b> Categories E, F	<b>Direct Supervision:*</b> Category F		
<b>Indirect Supervision:*</b> Categories A, B, C, D	<b>Indirect Supervision:*</b> Categories A, B, C, D	<b>Indirect Supervision:*</b> Categories A, B, C, D, E		
*See Clinical Handbook	*See Clinical Handbook	*See Clinical Handbook		

Signature of Clinical Supervisor: \_\_\_\_\_

Clinical Coordinator: \_\_\_\_\_