

# Experience Points - Release of Information Form

*Completion of this form is essential in awarding the experience points.*

*This is a fillable form. Please save first before uploading to your application.*

Bellevue College's Radiologic Technology program offers an excellent education preparing you for a career in radiologic technology. Radiologic technology is a rewarding field that combines interpersonal and technology skills. In an effort to assist us in selecting highly qualified applications as part of our admission process, we periodically check references of students claiming either the Patient and or the Radiology Experience. Signing the disclosure statement below allows us to check your references for these experiences, which will only be done when we deem it necessary to further the placement process or to verify information you have given us.

The only information which will be released to the reference is that you have applied to the Radiologic Technology program. Potential questions we may ask in verifying your experiences relate to how you "showed up" to these opportunities i.e., attendance, punctuality, interest, attitude and initiative. These references should include individuals who supervised you directly whether paid or voluntary positions where you acquired your patient care or radiology experience point.

**Provide Contact Information for direct supervisors we may contact to conduct our reference check:**

Radiology Experience			
Name of Radiologic Technologist Supervisor	Name of Clinic or Hospital	Email for RT Supervisor who oversaw your experience	Phone #
<i>Example: Wilhelm Roentgen</i>	<i>Roentgen University Medical Center- Radiology Department</i>	<i>Brad@RoentgenU.edu</i>	<i>206-555-1234</i>
Patient Care Experience			
Name of Supervisor	Name of Clinic or Hospital	Supervisor's Email	Phone #

## Disclosure Statement

I understand that **Bellevue College faculty, staff or its representative** may conduct a reference check. This reference may include information regarding character, work record, general knowledge, initiative and reputation. I hereby acknowledge that I have read and understand this statement, and hereby authorize **Bellevue College** to obtain a reference check as described above.

✓ By typing my name on the signature line below, I am electronically signing and solemnly declare that the information that I have provided is true and correct.

Name (Signature)	
Date	

## Please take Note:

\* If you answer yes to any of the items below or have questions, please contact the program chair via email at: [kris.miller@bellevuecollege.edu](mailto:kris.miller@bellevuecollege.edu).

Have you ever had any license, certificate, clinical placement, registration or other privilege to practice a health care profession or education program denied, revoked, suspended, or restricted by a school, state, federal, or foreign authority?

Please check your response:     YES     NO