

San Jacinto College
Advanced Imaging Modality Programs
Verification of Imaging Technologist Experience

The individual listed below has applied for admission into the San Jacinto College Advanced Imaging Modality Program and has identified your business/company as a previous place of employment as an Imaging Technologist. Please complete the requested information to verify the information.

Applicant should complete this portion, and request supervisor to verify and sign.

Applicant Name: _____

Business/Company Name: _____

Numbers of years employed as an Imaging Technologist _____

Dates of employment _____ to _____ Average weekly hours _____

Supervisor's Name _____

Supervisor's phone _____

Supervisor's email _____

Job Title _____

List of duties as they apply to Imaging Technology:

Supervisor's Signature _____ date _____

I _____, (applicant name) attest the above information is true and accurate. I give consent for the San Jacinto College Medical Imaging Department to verify the above information with the previous employer listed above. I understand that discrepancy in the information may disqualify my application from the Advanced Imaging Modality Programs.

Applicant Signature _____ date _____