



## Medical Radiologic Technology Program Occupational Familiarization Agreement

**Take this form to the Occupational Familiarization (OF) site on your first day.  
Once completed, this form will be retained by the OF site for their records.**

### **Applicant**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

### **I, the above named applicant, declare:**

- I have read and I understand the following Medical Radiologic Technology program documents:
  - Policies and Regulations
  - Safety Regulations
- I agree to adhere to the Medical Radiologic Technology program policies and regulations. I understand that any breach of the policies or regulations may result in the cancellation of my Medical Radiologic Technology application.
- I understand the OF site shall not be held responsible in any manner whatsoever, in the event that I may contact any contagious and/or infectious diseases during the course of my OF, and the OF site shall not be responsible for any incurred illness.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Clinical Instructor or Technologist**

I received this signed document on the date indicated below.

Signature \_\_\_\_\_ Date \_\_\_\_\_