

DIRECT AND INDIRECT PATIENT CARE EMPLOYMENT VERIFICATION FORM

This form is used for applicants to verify related direct and indirect patient care experience for consideration in the application process for the Radiology Program.



If applicants have employment experience with more than one direct or indirect patient care position, please submit the most relevant position, prioritizing direct patient care experience. Applicants only receive credit on their admission application for one position. Therefore, it is not necessary to submit more than one form.

TO BE COMPLETED BY APPLICANT:

STCC Student ID Number (if applicable) _____

Name of Applicant: _____

Please select one box from the options below. Either a direct or indirect patient care position, OR the option if your position is not listed.

Direct Patient Care Experience	Indirect Patient Care Experience
☐ Paramedic ☐ EMT ☐ CNA ☐ LPN ☐ PCT ☐ Medical Assistant	☐ Radiologic Technologist Aide ☐ Surgical Technologist ☐ Phlebotomist ☐ Dental Assistant ☐ Veterinary Tech (X-ray experience)

☐ My position is not specifically listed, but I believe it meets the definition of direct or indirect patient care experience. I have included a description of my role below and how it applies.

For the purpose of this application, direct patient care experience refers to providing services that require regular, hands-on interaction with patients. Examples include obtaining vital signs, assisting with mobility, positioning, feeding, or providing comfort and safety. Higher-level responsibilities may include patient assessment or administering treatments. These experiences help build skills in communication, patient safety, and clinical judgment that are directly transferable to the radiologic technology field. Indirect patient care experience refers to healthcare roles that support patient services but may not involve routine, face-to-face interaction or direct responsibility for patient care. Examples include phlebotomy, radiologic technologist aide, or assisting in surgical procedures. While indirect, these experiences still foster familiarity with healthcare environments, teamwork, and workflow in clinical settings.

If your position is not listed, please indicate your position title and describe your duties below.

Position Title: _____

Description of duties and why you believe they relate to direct or indirect patient care. (You may use the reverse of this form if you need more space.)

APPLICANTS SIGNATURE _____ **DATE:** _____

TO BE COMPLETED BY APPLICANT'S EMPLOYER

I understand that the above-named applicant is applying to Springfield Technical Community College's Radiology Program and I am verifying this applicant's employment for the position indicated above.

Place of Employment: _____

Position Title: _____

Hours/week: _____

Dates of Employment: _____

Position Description (you may also attach a position description on a separate sheet or use the reverse side of this form):

Name of Supervisor/Employer _____

Signature of Supervisor/Employer _____ **Date** _____

Supervisor/Employer Email Address _____

Phone _____