

Youngstown State University Radiologic Technology Program

Job Shadowing Information

Applicants may contact any of the listed facilities partnered with YSU via email. When reaching out, please specify that you are seeking to complete the 4-hour job shadowing requirement in the radiology department as part of the YSU Radiology Program application.

The provided list is a recommended compilation of local facilities that collaborate with YSU. If you have existing connections or prefer other hospitals, you are welcome to contact them directly to arrange a job shadowing opportunity. Please ensure that the shadowing takes place at a **hospital** where you can observe the full scope of responsibilities performed by a radiologic technologist.

Guidelines for Requesting a Radiology Shadowing Opportunity

To complete the 4-hour shadowing requirement for the Radiology Program application, use the following steps as a guide when contacting a hospital. Be polite and professional in your email. Review your message carefully to ensure it is free of grammar and spelling errors before sending.

1. **Subject Line:** Use a straightforward and professional subject line to ensure your email is noticed.
Example:
Subject: Request for Radiology Department Shadowing Opportunity
2. **Greeting:** Address the email to the appropriate contact person at the facility. If unsure, use a general greeting.
Example:
Dear [Facility Contact Name] or Dear Radiology Department.
3. **Introduction:** Be sure to include:
 - Your full name
 - Your intention to apply for the Radiology Program at [Insert School Name]
4. **Purpose of Contact:** Clearly explain why you are reaching out. State that completing a 4-hour shadowing experience in a radiology department is a requirement for applying to the program and express your interest in fulfilling this requirement at their facility.
5. **Questions to Ask:** Politely ask for the necessary information to move forward:
 - Available dates and times for shadowing
 - Any specific steps or documentation required (e.g., health records, forms, or identification)
6. **Closing:** End with gratitude and a professional closing statement.
7. **Signature:** Include your full name and contact information for easy follow-up.

Example:

Sincerely,

[Your Full Name]

[Your Contact Information: Email Address and Phone Number]

Suggested Local Facilities for Shadowing:

Bon Secours Mercy Health: (St. Elizabeth's Youngstown Hospital, St. Elizabeth's Boardman Hospital, St. Joseph Warren Hospital)

Debbie Williams

dwilliams@mercy.com

Akron Children's Hospital Mahoning Valley Campus

Suzy Dragus

sdragus@akronchildrens.org

Salem Regional Medical Center

Kristina Turcola

kristina.turcola@salemregional.com