



Med Academy
3418 West 84th Street Suite 106
Hialeah, FL 33018

EMPLOYER SURVEY

Name of Graduate/Employee: _____

Name of Facility: _____

We are requesting that you take a few minutes to complete this brief survey. The data collected will assist us in determining the competency of our recent graduates and, if necessary, make any changes to the program based on your feedback to improve the quality of education we provide. Please return this form to the address below or fax it to the number provided.

Thank you for your assistance.

Circle Yes or No

1. Has a satisfactory knowledge of Diagnostic Imaging equipment and its safe operation. YES / NO
2. Consistently demonstrates competency in oral and written communication skills. YES / NO
3. Demonstrates the technical skills necessary to obtain satisfactory imaging procedures. YES / NO
4. Practices Diagnostic Imaging safety standards both for the patient as well as themselves. YES / NO
5. Utilizes critical thinking and problem-solving skills to complete both routine and difficult imaging procedures. YES / NO
6. Has the ability to perform quality Diagnostic Imaging procedures exercising independent judgment and discretion. YES / NO
7. Exhibit ethical behavior through interactions with patients and staff. YES / NO
8. Consistently maintains a safe work environment. YES / NO
9. Provides satisfactory patient care and comfort during Diagnostic Imaging procedures. YES / NO
10. Demonstrates the ability to perform with minimal supervision. YES / NO
11. Consistently demonstrates the ability to perform assigned task with minimal supervision. YES / NO
12. Possesses a satisfactory knowledge of all subject areas necessary to carry out his/her responsibilities. YES / NO

(Please turn over and complete questions on the back)



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Page 2- Employer Survey

13. Consistently demonstrates a caring attitude and a sincerity to benefit patients in the performance of his / her duty. YES / NO
14. Can relates to and effectively communicate with patients. YES / NO
15. In your opinion, does this employee posse and demonstrate the skills that are required of an entry-level Imaging Technologist? YES/NO

Please make any additional comments: _____

Evaluators Name: _____

Evaluator's Title: _____

Evaluator Contact Information (For Confirmation Purposes Only)

Company Name: _____

Phone Number: _____

Email Address: _____

This survey can be sent back to us via email, fax or regular mail:

Med Academy
3418 West 84th St Suite 106
Hialeah, FL 33012
Email: info@medacademy.edu