

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM CLINICAL OBSERVATION FORM

The purpose of the Clinical Observation is to provide you with an opportunity to gain basic knowledge and understanding of the Diagnostic Medical Sonography profession. You must complete a minimum of eight (8) hours of observation or work experience in a Diagnostic Medical Sonography Department.

Student Name: _____ Date: _____
(Please Print)

Student Signature: _____

Facility: _____

Contact Name: _____

Phone Number: _____

Specialty: (Cardiac, General, Vascular) _____

It is recommended to observe the specialty/s you will be applying for in order to understand the field

1. Please document above the specialty you observed (Cardiac, General, or Vascular)
2. You may have more than 8 hours of observation if applying to multiple specialties
3. You will need to complete a separate form for each specialty observed

Observation Dates/Hours:

Date	Hours Worked	Total Number of Hours

Brief Description of Observation: (additional comments may be written on the back of this form)

Registered Diagnostic Medical Sonographer to Complete

I verify that the above student volunteered on the days and for the number of hours stated:

Name: _____ DMS License Number: _____
(Please Print)

Title: _____
(Please Print)

Signature: _____

Reminder: Make copies of all submitted information in the application packet as they will not be returned.