



Diagnostic Medical Sonography Program Clinical Observation Documentation Form

Name of Applicant (Please Print) _____

Date: _____

The DMS program requires that applicants complete a minimum of four (4) quality hours of observation in a sonography department. By quality hours we mean actual time spent observing sonographic procedures, not time spent observing department “down time”. Credit should not be given for anything outside of patient care activities (i.e. lunch, secretarial duties, videos, etc.). Department management requests that students dress appropriately for a patient care observation visit. Business casual attire (dress pants with a conservative blouse/shirt) is recommended. An observation visit may be denied by any sonography department based on what department personnel deem is inappropriate attire.

NOTE: An orientation session may be required at some sites prior to observation. Inquire with the observation site when you schedule your visit.
This form may be reproduced as necessary to document hours of observation

Hours of observation must be performed with an ARDMS/ARRT registered sonographer

Date	Start Time AM/PM	End Time AM/PM	# Hours	Facility	Location (City, State)	Telephone #	Sonographer Signature	Sonographer Registry #

Total Hours _____

I certify that the hours above were completed by me. I understand that the Admissions Committee may verify this document for authenticity and realize that falsification of the document will result in my application to the DMS program being withdrawn from consideration.

Applicant Signature

Date