

Verification of Job Shadow/Observation Experience

I verify that _____, completed a job shadow/observation
(Print Observer Name)

experience at _____ on _____.
(Print Hospital / Clinic Name) (MM, DD, YY)

Total number of shadow hours equaled_____.

Supervising Sonographer (print name) _____

Requirements: 2 Echocardiograms, 2 Vascular, 2 Abdomen, 2 Obstetrics/Gynecology

Observed Examinations:

- Echocardiography Abdomen Obstetrics/Gynecology Vascular

Place a checkmark on the examinations you observe during your job shadow.

Echocardiography

- | | |
|---|--|
| <input type="checkbox"/> Transthoracic Echocardiogram (TTE)
- Adult or Pediatric | <input type="checkbox"/> Stress Echocardiogram
- Exercise Stress (Bike, Treadmill, etc.)
- Dobutamine Stress (Pharmacological) |
| <input type="checkbox"/> Transesophageal Echocardiogram (TEE)
- Adult or Pediatric | |

Vascular

- | | |
|--|---|
| <input type="checkbox"/> Carotid Duplex | <input type="checkbox"/> Transcranial Doppler (TCD) |
| <input type="checkbox"/> Lower Extremity Venous Duplex | <input type="checkbox"/> Aortoiliac Duplex |
| <input type="checkbox"/> Upper Extremity Venous Duplex | <input type="checkbox"/> Mesenteric Doppler |
| <input type="checkbox"/> Lower Extremity and Digital Arterial
Physiologic Testing | <input type="checkbox"/> Renal Doppler |
| <input type="checkbox"/> Upper Extremity and Digital Arterial
Physiologic Testing | <input type="checkbox"/> Liver Doppler |
| <input type="checkbox"/> Lower Extremity Arterial Duplex | <input type="checkbox"/> Lower Extremity Venous Insufficiency |
| <input type="checkbox"/> Upper Extremity Arterial Duplex with
Palmar Arch | <input type="checkbox"/> Lower Extremity Physiologic Testing
with Exercise |
| | <input type="checkbox"/> Lower Extremity Venous Mapping |

Abdomen

- | | |
|---|--|
| <input type="checkbox"/> Abdomen complete | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> Abdomen limited | <input type="checkbox"/> Kidneys / Urinary Tract |
| <input type="checkbox"/> Peritoneal Cavity/Paracentesis | <input type="checkbox"/> Spleen |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Breast |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Gallbladder / Biliary System | <input type="checkbox"/> Scrotum |

Obstetrics

- | | |
|---|--|
| <input type="checkbox"/> 1st Trimester | <input type="checkbox"/> Limited |
| <input type="checkbox"/> 2nd Trimester Anatomy survey | <input type="checkbox"/> Biophysical Profile |
| <input type="checkbox"/> Growth | |

Gynecology

- | | |
|---|---|
| <input type="checkbox"/> Female Pelvis Transabdominal | <input type="checkbox"/> Female Pelvis Transvaginal |
|---|---|

Sonographer Signature: _____

Sonographer Credentials: _____

Observer Signature: _____

Job shadowing is a requirement for applications into the UWHC School of Diagnostic Medical Sonography. Please send a copy of this completed form to mahrens@uwhealth.org, or fax to 608-263-9208 and send the original with the observer so they can submit it with their application.