



Verification of Patient Care Experience

Applicants to the Diagnostic Medical Sonography program must provide verification of patient care experience. Please have your supervisor complete the following information in its entirety. At least 100 hours of patient care experience is due at the same time as the application.

Name of applicant

1. Total hours of involvement this applicant has had at your facility? _____
2. Start to End dates of patient care _____ to _____
3. Please list the main duties of this individual or attach a copy of the applicant's job description.

4. How would you rate this individual's overall performance?

Exceptional

Very good

Average

Name / Title of person completing form

Date

Organization

School of Diagnostic Medical Sonography



Phone number

E-mail