



DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

Clinical Observation Documentation Form

Name of Applicant (Print Please) _____

LBWCC Student # _____

The DMS program requires that applicants complete a minimum of four (4) quality hours in a Sonography Department. By quality experience 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.)

LBWCC Sonography Staff requests that you dress appropriately for your "observation" visit. Nice business casual attire (dress slacks with a nice shirt/blouse) is recommended. Strong odors are not allowed in the healthcare setting (perfume, cigarettes, etc.). A visit for observation may be denied by any sonography department based on what department personnel deem is inappropriate attire.

ATTENTION: Clinical Observation must be prescheduled with the site that you wish to visit. An orientation session may be required at some sites prior to observation. Inquire with the observation site when you schedule your visit.

Hours of observation must be performed with an ARDMS/RT(S) registered Sonographer.

Date	Starting Time			Ending Time			No. of Hours	Name of Facility	Location (City, State)	Telephone No.	Signature of ARDMS/RT(S) Sonographer	Sonographer Registry #
	Hr	Min	AM/PM	Hr	Min	AM/PM						
/ /	:	:		:	:							
/ /	:	:		:	:							
/ /	:	:		:	:							
/ /	:	:		:	:							
/ /	:	:		:	:							
/ /	:	:		:	:							

TOTAL HOURS _____

(This form may be reproduced as necessary to document hours of observation)

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for authenticity and realize that falsification of this document will result in my application to the DMS Program being withdrawn from consideration.

Applicant Signature

Date