Delgado COMMUNITY COLLEGE

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

DOCUMENTATION OF OBSERVATION FORM

PART 1: TO BE COMPLETED BY THE APPLICANT

To the applicant: Upon completion of observation, present this form with a self-addressed stamped envelope to the Sonographer who will be providing your documentation of experience. Write your name and address on the envelope and when it has been returned to you, enclose the SEALED envelope with the rest of your application materials. (Hand delivery of SEALED envelope to applicant is acceptable.) Maximum of 40 hours is recommended.

Name: _____ **Dates of Observation:** _____

Facility: _____ **Supervising Sonographer:** _____

Facility / Sonographer Contact Information: Phone #: _____

Supervising Sonographer Email: _____

Volunteer Hours: _____**YES** _____**NO** **Paid Hours:** _____**YES** _____**NO**

Total of Number of Days Spent Observing: _____ **Total Hours:** _____

Type of Facility: Hospital _____ **Clinic** _____ **Doctors Office** _____

Please check scans or procedures observed:

_____**OB** _____**GYN** _____**ABDOMEN**

_____**VASCULAR** _____**BIOPSY** _____**SMALL PARTS**

_____ _____

Signature of Student **Date**

PART 2: TO BE COMPLETED BY THE SUPERVISING SONOGRAPHER

Please answer the following questions concerning this applicant to the best of your ability. Your comments will be greatly appreciated.

Do you feel that you know the applicant well enough to give a reasonable, comprehensive estimate of personal character and academic ability?

_____**YES** _____**PROBABLY** _____ **NOT SURE**

Did the volunteer have any patient contact?

_____**YES** _____**NO**

Was the volunteer present in the procedure room during any patient examinations?

_____**YES** _____**NO**

Delgado COMMUNITY COLLEGE

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

DOCUMENTATION OF EXPERIENCE FORM

	Excellent	Above Average	Average	Below Average	Lacking Information
Initiative					
Attitude					
Attentiveness					
Interest					
Self-Confidence					
Maturity					
Communication Skills					
Behavior					

Applicant Strengths: _____

_____

_____

_____

Additional Comments: _____

_____

_____

_____ **I recommend this applicant for admission without reservation.**

_____ **I recommend this applicant for admission with reservation. Please Describe**

_____ **I do not recommend this applicant for admission.**

_____

Signature ***Position/Title*** ***Facility*** ***Date***

_____

Printed Name

Sonographer: PLEASE SEAL the envelope provided by the applicant and SIGN ACROSS THE SEAL to insure confidentiality. This form may either be mailed, or hand delivered to the applicant. The student must submit the UNOPENED envelope with the rest of their application materials. For observation at multiple sites, a document of experience form must be submitted from each site. Copies of this form are acceptable.