



**Diagnostic Cardiac and Medical Sonography Programs
Clinical Verification Documentation 40 Hours Observation**

Student Name: _____ Date of Birth _____

Clinical Facility Name: _____

Phone number of facility: _____ Student ID# _____

Check one or both of the following:

If you are applying for both programs, you must have 40 hours of observation in both departments totaling 80 hours. Observation hours must be completed with a credentialed sonographer.

Diagnostic Cardiac Sonography Department

Diagnostic Medical Sonography Department

We will verify your observational experience.

Please provide the name, phone number and e-mail address of the sonographer(s) that you worked with during the required observation time. If you worked with multiple individuals, please list their names.

<u>Sonographer Name ARDMS#, ARRT# or CCI#</u>	<u>Phone</u>	<u>E-mail</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This documentation must be submitted in order to review your application to the Diagnostic Cardiac and/or Medical Sonography programs.

Send this form to:

Hudson Valley Community College
Office of Admissions
80 Vandenberg Ave.
Troy, NY 12180