

Sonography Technical Standards Form

**Please return the completed form to:
Hudson Valley Community College
Medical Imaging Office
Braham Hall – Room 026
80 Vandenberg Avenue
Troy, NY 12180**

Are you able to perform all of the Technical Standards identified in this document with or without reasonable accommodations?

Yes _____

No _____

Comments: _____

I have read, understand, and believe that I will be able to meet the Diagnostic Cardiac Sonography or Diagnostic Medical Sonography program's Technical Standards.

Print or process name

Signature

Date

If you do have a disability or related special needs and require accommodations to perform the Technical Standards, please contact the:

Disabilities Resource Center
(518) 629-7154
T.D.D. (518) 629-7596
Fax: (518) 629-4831

Please note all information regarding your disability is kept confidential