



Diagnostic Medical Sonography and Echocardiography Programs

Clinical Verification Documentation 40 Hours Observation

Student Name: _____

Clinical Facility Name: _____

Phone number of facility: _____

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.

Diagnostic Medical Sonography Department

Echocardiography 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.

Sonographer Name

Phone

E-mail

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Send this form to:

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