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.

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<th>Sonographer Name ARDMS#, ARRT# or CCI#</th>
<th>Phone</th>
<th>E-mail</th>
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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 Vandeburgh Ave.
Troy, NY 12180