

**Echocardiography Technical Standards Form**

**Please return the completed form to:  
Hudson Valley Community College  
Medical Imaging Office  
Echocardiography Program  
Brahan 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 Medical Sonography or Echocardiography programs 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