



SONOGRAPHY PROGRAM PATIENT CARE EXPERIENCE DOCUMENTATION FORM

Date _____

Program Applicants must provide documentation of hours spent in direct patient care (volunteer or paid) to receive points on the Sonography Program Application. Thank-you for providing this information.

_____ (print applicant's name) has completed the following number of hours in a patient care clinical setting (volunteer or paid) in our facility:

_____ hours per week for _____ weeks between _____ and _____

_____ hours per week for _____ months between _____ and _____

_____ hours per week between _____ and _____

Signature: _____

Title: _____

Institution/employer: _____

Address: _____

Phone: _____

This is true and accurate information regarding my hours of experience in patient care.

Applicant: _____ Date: _____

Please retain a copy of this document for your records.