



## 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.

\* Patient Care Experience includes any activity in which the applicant assists, transports, aids, and/or performs patient care procedures in a health care setting. Phlebotomy, Pharmacy Technician, Medical Office Assistant (front office) and/or other medical office duties do not qualify for direct patient care hours.