Job Shadow Verification Form

Applicants to the Diagnostic Medical Sonography program may provide verification of job shadow experience. **Please have your supervising sonographer complete the following information in its entirety.**

Name of applicant

1. Total hours of involvement this applicant has had at your facility? _____

2. Please list the exams or exam types this individual experienced:

3. Notes:

Name / Title of person completing form (please print or type)

Location Contact Info