

University of Arkansas for Medical Sciences  
College of Health Professions  
Department of Imaging and Radiation Sciences  
Division of Diagnostic Medical Sonography

**Diagnostic Medical  
Sonography  
Program**



**PROFESSIONAL OBSERVATION VERIFICATION FORM**

As part of the application process all applicants to the Diagnostic Medical Sonography Program are required to complete an observation of at least four (4) hours in the Diagnostic Sonography (ultrasound) area of a hospital or busy clinic. The observation session must be completed under the supervision of a sonographer credentialed with the American Registry for Diagnostic Medical Sonography (ARDMS) or a physician. The applicant should experience the typical environment that an entry-level sonographer will encounter; including abdominal, obstetrical and gynecological cases. Observations of cardiac and vascular sonography examinations are also encouraged. **Applicants must observe at least three of the following procedures in order to satisfy the observation requirement.**

Please check which procedures the applicant observed. Other procedures should also be listed.

\_\_\_\_\_ Abdominal                      \_\_\_\_\_ Obstetrical                      \_\_\_\_\_ Gynecological

\_\_\_\_\_ Vascular                      \_\_\_\_\_ Cardiac

Other: \_\_\_\_\_

This is to verify that \_\_\_\_\_ spent a total of \_\_\_\_\_ hours  
(Print Applicant's Name) (4 Hours Minimum)  
in observation and discussion of the professional functions and responsibilities of a

Diagnostic Sonographer on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Location)

Print Name \_\_\_\_\_ Title & Credentials \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: This form is not valid unless signed by the individual conducting the observation. This individual must be registered with the ARDMS.**

**Please do not return this form to the applicant. Upon completing both sides of this form you can mail, fax, or e-mail it to:**

University of Arkansas for Medical Sciences  
College of Health Professions  
Division of Diagnostic Medical Sonography - Slot 563-B  
4301 West Markham  
Little Rock, AR 72205-7199

FAX: 501-686-8770, ATTN: Tammy Brooks

E-MAIL: [brookstammvl@uams.edu](mailto:brookstammvl@uams.edu)

**PLEASE COMPLETE BOTH SIDES OF THE FORM**

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We strive to provide graduates with the professional characteristics that you desire to meet your employment expectations for Diagnostic Sonographers. Your input can help us identify qualified applicants. Please respond to this observation evaluation in a timely manner.

**Did this individual arrive when expected?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No; please explain: \_\_\_\_\_

**Was this individual attentive?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No; please explain: \_\_\_\_\_

**Did this individual ask relevant questions?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No; please explain: \_\_\_\_\_

**Were this individual's comments consistent with your professional expectations for employment?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No; please explain: \_\_\_\_\_

**Did this individual interact well with other staff?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No; please explain: \_\_\_\_\_

**Did this individual behave in a mature, confident manner?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No; please explain: \_\_\_\_\_

**Is this individual the type of person you would consider for employment?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No; please explain: \_\_\_\_\_

**Any additional comments may be made in this space.**

**Thank you for your assistance in this process that is very important to our profession.**