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

UAMS
COLLEGE OF HEALTH PROFESSIONS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

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 Admissions
4301 West Markham, Slot 619
Little Rock, AR 72205-7199

FAX: 501-686-6855, ATTN: CHP Admissions

E-MAIL: CHPADMISSIONS@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.