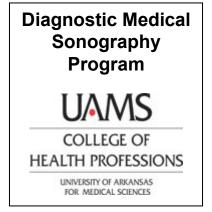
University of Arkansas for Medical Sciences
College of Health Professions
Department of Imaging and Radiation Sciences
Division of Diagnostic Medical Sonography

## 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 proce	edures should also be listed.
Abdominal	ObstetricalG	Synecological
Vascular	Cardiac	
Other:		_
This is to verify that	(Print Applicant's Name)	spent a total ofhourshours
in observation and discussion	of the professional functions and	a responsibilities of a
Diagnostic Sonographer on	atat	(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

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

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.