



DIAGNOSTIC MEDICAL SONOGRAPHY

Sonography Observation Form

To the applicant: As part of your application to the Neosho County Community College Diagnostic Medical Sonography program (NCCC DMS) you must complete 6-8 hours of observation with a sonographer in a hospital or other clinical setting. Observation hours must be completed within the 12 months preceding your application to the program. You are responsible for finding a site and scheduling the observation. Remember this is a professional setting; professional dress and behavior are expected. Take this form with you and have the sonographer you observed complete and sign it. Submit the signed form with your complete application packet. It is preferred that you perform your observation at a location other than your place of employment. NOTE: The NCCC DMS staff/faculty may contact the facility for additional information or verification.

Date of Observation

Number of Hours Observed

Student Name (please print)

Facility Name

City, State

To the Supervising Sonographer: As an application requirement to the NCCC DMS program, applicants are required to complete 6-8 hours observing a sonographer in a clinical setting. Please complete the section below, sign the form, and return it to the student. Forms with missing signatures will not be accepted.

Type of exams that the student observed while at the facility on the above stated date:

- | | |
|--|--|
| <input type="checkbox"/> Abdominal (Complete, Limited) | <input type="checkbox"/> Vascular – Carotid |
| <input type="checkbox"/> Small Parts – Breast | <input type="checkbox"/> Vascular – Venous Upper Extremity |
| <input type="checkbox"/> Small Parts – Scrotum | <input type="checkbox"/> Vascular – Venous Lower Extremity |
| <input type="checkbox"/> Small Parts – Thyroid | <input type="checkbox"/> Vascular – Arterial Upper Extremity |
| <input type="checkbox"/> GYN – Pelvis Transabdominal | <input type="checkbox"/> Vascular – Arterial Lower Extremity |
| <input type="checkbox"/> GYN – Transvaginal | <input type="checkbox"/> Invasive Procedure (Biopsy, FNA, Centesis) |
| <input type="checkbox"/> OB 1 st Trimester | <input type="checkbox"/> Other Sonographic Exam (soft tissue, cardiac, Prostate) |
| <input type="checkbox"/> OB 2 nd Trimester | |
| <input type="checkbox"/> OB 3 rd Trimester | |



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Did the student present themselves in a professional manner? ____ Yes ____ No

Comments: _____

Printed name of observed sonographer: _____

Signature of observed sonographer: _____

Email contact for observed sonographer: _____

Thank you for sharing your time and expertise. Please feel free to reach out with any questions or additional comments regarding this applicant.

Crystal Conroy
NCCC DMS Program Developer
cconroy@neosho.edu

This form must be returned as part of your completed program application packet.