







# Diagnostic Medical Sonography Program

DOCUMENTATION OF CAREER SHADOWING EXPERIENCE

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Name of DMS Applicant \_\_\_\_\_

Student Number \_\_\_\_\_ Date of Observation \_\_\_\_\_

Institution \_\_\_\_\_

Supervising Sonographer \_\_\_\_\_

Phone Number \_\_\_\_\_ Number of Hours in Department \_\_\_\_\_

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

**Please describe your observations, with emphasis on the tasks that sonographers perform.**

Students who apply to the DMS Program are required to submit the observation/shadowing experience documentation at the time of application.



# Diagnostic Medical Sonography Program

DOCUMENTATION OF EXPERIENCE IN HEALTHCARE SETTING

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Name of DMS Applicant \_\_\_\_\_

Student Number \_\_\_\_\_

Dates of Experience \_\_\_\_\_

Institution \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_ Length of Experience \_\_\_\_\_

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

**Please describe your experiences in a healthcare environment.**

Students who apply to the DMS Program are required to submit the observation/shadowing experience documentation at the time of application.