



## Diagnostic Medical Sonography Applicants Verification of Direct Patient Contact Hours Form

Applicant's Name: \_\_\_\_\_

Applicants for admission to the Diagnostic Medical Sonography program must possess direct patient care experience. This experience can be provided via a) a current human health care license and/or certification *or* b) have patient care experience of at least a minimum 900 DIRECT patient contact hours. This form is to verify direct patient care hours, in the absence of a human health care license or certification. Verification of your patient care hours must be documented on this form and authorized by your immediate supervisor. Your supervisor's signature verifies that the named candidate has completed documented hours.

Patient Care includes, but is not limited to:

- Perform vital signs
- Perform appropriate hand hygiene
- Demonstrate patient transfer, positioning, and handling
  - Transfer techniques-moving/turning in bed, assisting with bed to chair/bed to stretcher/bed to wheelchair
- Utilize proper body mechanics for patients
- Performing patient hygiene (bathing, dressing, dental care, and etc.)
- Demonstrate proper technique to apply and remove personal protective equipment (PPE)

The DMS applicant, \_\_\_\_\_, has completed \_\_\_\_\_ hours with \_\_\_\_\_ (company/organization) in the position of \_\_\_\_\_,

during the following dates \_\_\_\_\_.

Signature and Title: \_\_\_\_\_

Supervisor' Email: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

This form may *not* be duplicated.

*Only this form will be accepted to document/verify direct patient contact hours.*