



MARION TECHNICAL COLLEGE
SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
OBSERVATION VERIFICATION AND RECOMMENDATION FORM

Instructions:

- MTC School of Diagnostic Medical Sonography applicants are required to observe a minimum of 32 hours at three different ultrasound departments in order to enhance their knowledge of this specialty.
The applicant can earn between 0-18 points toward their application based upon the average of three (3) different licensed sonographer's recommendations from the second page of this form.
Both pages of this form MUST be submitted in order to be considered for an applicant's file.
The applicant will complete the first page of this form including demographic information.
At the completion of hours, the applicant will submit this form with completed first page to a registered technologist.
A licensed Sonographer will complete the second page of this form out of the line of sight of the applicant and return it directly to the MTC School of Diagnostic Medical Sonography Program (this form may also be emailed to Deb Myers at myersd@mtc.edu). Do not return the completed form to the applicant.
This form MUST be emailed to the MTC School of Diagnostic Medical Sonography Program directly from the technologist signing the form. This form will NOT be accepted if handed in by the applicant. (DMS Program email zaebstj@mtc.edu)
The information provided on this form is subject to audit. Applicants providing inaccurate or false information will be removed from consideration.
If you have any questions, please contact the School of Diagnostic Medical Sonography office at (740) 389-4636 x.329 or x.240.

Cell phone use during clinical observation is prohibited.

To Be Completed by Applicant:

APPLICANT NAME \_\_\_\_\_ Please Print
APPLICANT BIRTH DATE \_\_\_\_\_
APPLICANT ADDRESS \_\_\_\_\_
APPLICANT PHONE \_\_\_\_\_
APPLICANT EMAIL: \_\_\_\_\_

The applicant MUST indicate by signature below whether he/she wishes to review this recommendation at any time in the future or agrees it that it may be kept confidential between the supervising technologist and Marion Technical College. The final decision remains with the supervising technologist completing the recommendation/evaluation.

- I waive my right to review the completed copy of this observation verification and recommendation form at any time in the future.
I do NOT waive my right to review the completed copy of this observation verification and recommendation form at any time in the future.

I wish to be considered for admission for fall 20\_\_\_\_.
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

To Be Completed by a Registered Diagnostic Medical Sonographer

Applicant has observed a total of \_\_\_\_\_ hours in this ultrasound department as of \_\_\_\_\_.
(Date hours were completed)

Total of 32 hours of observation or 16 hours completion of DMS 1000 & DMS1010 10 points
Total of 50 hours of observation from all forms earns applicant 11 points
Total of 75 hours of observation from all forms earns applicant 12 points

Your Signature as R.D.M.S. \_\_\_\_\_ Date \_\_\_\_\_ Facility Name \_\_\_\_\_ Phone # \_\_\_\_\_

Print Your Name \_\_\_\_\_ Facility Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Marion Technical College Staff Member \_\_\_\_\_

(Continued on next page, all pages must be submitted by technologist)

<p>Instructions:                      For each of the six (6) following areas of social skills and professional behaviors read the sample behaviors and evaluate the applicant's demonstration of these skills in regards to the quality and percentage of time demonstrated by the applicant. Then circle the corresponding number in the box next to the right of the skills/behaviors. <b>The applicant can earn between 0-18 points toward their application based upon the average of three (3) Registered Sonographers.</b>  <i>We thank you for your time and consideration of this applicant!</i>  <b>Return form to:</b> MTC, DMS Program, 1467 Mount Vernon Ave, Marion, OH 43302, Phone: 740-389-4636 x. 329 or x. 240 <b>or</b>  <b>Email:</b> zaebstj@mtc.edu</p>	<p><b>HIGHLY RECOMMEND</b></p>	<p><b>RECOMMEND</b></p>	<p><b>RECOMMEND WITH RESERVATION</b></p>	<p><b>DO NOT RECOMMEND</b></p>
<p><b>1. Dressed appropriately for observation.</b>                      Sample Behaviors:                      - Professional attire, such as dress slacks, etc.                      - No t- shirts, revealing clothing, tennis shoes, jeans, shorts or sweat pants. No sandals, flip flops, or open toe shoes</p>	<p>3</p>	<p>2</p>	<p>1</p>	<p>0</p>
<p><b>2. Arrived at scheduled time.</b>                      - Demonstrates punctuality (is on time) and fulfills commitments</p>	<p>3</p>	<p>2</p>	<p>1</p>	<p>0</p>
<p><b>3. Demonstrates Professional Communication Skills</b>                      Sample Behaviors:                      - Demonstrates positive and professional verbal skills in all interactions                      - Demonstrates professional and appropriate <b>non-verbal</b> social skills in all interactions                      - Communicated with staff and patients appropriately</p>	<p>3</p>	<p>2</p>	<p>1</p>	<p>0</p>
<p><b>4. Demonstrates Appropriate Social Skills</b>                      Sample Behaviors:                      - Interacts well with other professionals and staff in the environment                      - Listens attentively and makes appropriate eye contact                      - Followed instructions                      - Utilized language appropriately for situation (i.e. No profanity/inappropriate slang) while asking questions that pertain to clinical site</p>	<p>3</p>	<p>2</p>	<p>1</p>	<p>0</p>
<p><b>5. Demonstrates Respect of Others</b>                      Sample Behaviors:                      - Demonstrates respect of others including their personal space and time                      - Demonstrates a respect for cultural and ethnic diversity                      - Understands and appropriately fulfills his/her role as an observer</p>	<p>3</p>	<p>2</p>	<p>1</p>	<p>0</p>
<p><b>6. Demonstrates Personal Responsibility</b>                      Sample Behaviors:                      - Follows and respects the policies of the institution including confidentiality                      - Demonstrates appropriate actions to environment</p>	<p>3</p>	<p>2</p>	<p>1</p>	<p>0</p>
<p><b>Totals:</b></p>				
<p><i>Thank you for your assistance in evaluating this applicant.</i>  <b>Please return this form to the MTC DMS Program regardless of status selected in order to complete documentation in candidate's file. Please call the DMS Program Director with any questions: 740-389-4636 x.240.</b></p>	<p><b>Total points from all categories:</b> _____</p>			

(Continued on next page, all pages must be submitted by technologist)

