



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 faxed to 740-725-4074). **Do not return the completed form to the applicant.**
- **This form MUST be faxed 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 fax# 740-725-4074)**
- 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 _____ APPLICANT BIRTH DATE _____
 Please Print

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. The applicant can earn between 0-18 points toward their application based upon the average of three (3) Registered Sonographers. <i>We thank you for your time and consideration of this applicant!</i> Return form to: MTC, DMS Program, 1467 Mount Vernon Ave, Marion, OH 43302, Phone: 740-389-4636 x. 329 or x. 240 or Fax: 740-725-4074</p>	<p>HIGHLY RECOMMEND</p>	<p>RECOMMEND</p>	<p>RECOMMEND WITH RESERVATION</p>	<p>DO NOT RECOMMEND</p>
	<p><i>Applicant Exhibits Skill/Behavior ≥90% of time</i></p>	<p><i>Applicant Exhibits Skill/Behavior 80-89% of time</i></p>	<p><i>Applicant Exhibits Skill/Behavior 75-79% of time</i></p>	<p><i>Applicant Exhibits Skill/Behavior ≤74% of time</i></p>
<p>1. Dressed appropriately for observation. 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>	3	2	1	0
<p>2. Arrived at scheduled time. – Demonstrates punctuality (is on time) and fulfills commitments</p>	3	2	1	0
<p>3. Demonstrates Professional Communication Skills Sample Behaviors: – Demonstrates positive and professional verbal skills in all interactions – Demonstrates professional and appropriate non-verbal social skills in all interactions – Communicated with staff and patients appropriately</p>	3	2	1	0
<p>4. Demonstrates Appropriate Social Skills 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>	3	2	1	0
<p>5. Demonstrates Respect of Others 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>	3	2	1	0
<p>6. Demonstrates Personal Responsibility Sample Behaviors: – Follows and respects the policies of the institution including confidentiality – Demonstrates appropriate actions to environment</p>	3	2	1	0
<p>Totals: Thank you for your assistance in evaluating this applicant.</p>				
<p>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.</p>	<p>Total points from all categories: _____</p>			

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

Hours recorded on this page will not be valid unless accompanied by the Observation Validation form signed by the technologist and supervisor submitting this form.

Observation Date(s)	Total Hours	Tech Signature