

## Observation Hours Form for potential applicants

Updated: 12/18/2025

**Instructions:**

- 1) This is a medical facility, **act professionally**.
- 2) Respect patient's rights and privacy at all times.
- 3) **Ask questions**. It's the best way to understand our profession.
- 4) Please dress appropriately for a hospital atmosphere. No jeans, sweatpants, miniskirts, or open-toed shoes. Shirts must have a collar. Wear comfortable walking shoes.
- 5) No gum chewing allowed at any time.
- 6) Do not use your cell phone while observing.
- 7) Do not bring family members or friends with you to the observation experience.
- 8) All observations must be complete within 12 months of applying to the program.
- 9) Submit this completed form with all of your application materials.
- 10) Complete a minimum **of 8 observation hours** in a general ultrasound department.

**Student:**

I, \_\_\_\_\_, have read the above instructions and agree to all conditions. My signature below indicates agreement and understanding to abide by all policies and procedures of the facility where my observation experience will take place. I understand this experience may be discontinued at the discretion of the facility or college for any reason at any time. In addition, Volunteer State Community College and the healthcare facility are released from any and all responsibility regarding any accident, incident, or injury that might occur during my observation experience.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Sonographer:**

The individual named above has completed \_\_\_\_\_ hours of observation in our sonography department.

Sonographer Name \_\_\_\_\_ Sonographer Signature \_\_\_\_\_

ARDMS # \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Department Phone Number \_\_\_\_\_

Exams Observed: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_