SCHOOL OF MEDICINE HEALTH PROFESSIONS AND PRE-DOCTORAL PROGRAMS

Medical Diagnostic Sonography Program
Clinical Experience Verification Form

Instructions

1. Utilize this as a fillable form to improve legibility.
2. If submitting a hard copy, all documents should be single sided, unfolded, unstapled, and legible in blue or black ink.
3. Include the underlined portion of the question followed by your response
4. Complete and return this questionnaire along with your application to the HPP Office.

Clinical Experience Verification Form

Complete this form to document the required 1000 hours of direct patient care

The IUPUI Diagnostic Sonography Program requires applicants who do NOT possess Medical Imaging credentials to show proof of 1000 hands-on patient contact hours obtained through either clinical course work or work experience. The purpose of accruing patient contact hours is to ensure the applicant has adequate exposure to health care systems and experience in direct patient contact. This requirement is just one part of the admissions process.

Applicant Information (please print or type)	
Last Name:	Click or tap here to enter text.
First Name:	Click or tap here to enter text.
Email Address:	Click or tap here to enter text.

Experience Information (please print or type)	
Facility Information	
Name and Address:	Click or tap here to enter text box fill here
Contact Person:	Click or tap here to enter text.
Contact Email:	Click or tap here to enter text.
Contact Phone NClick or tap here to enter text.umber:	Click or tap here to enter text.

Legal Name: _____

Indiana University ID: _____

(Please list as it appears on a government issued ID)

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Your Information While Working at Facility	
Position Title:	Click or tap here to enter text.
Start and End Dates:	Click or tap here to enter text.
Number of Weeks Worked:	Click or tap here to enter text.
Total Hours Accrued:	Click or tap here to enter text.
Average Accrued Hours per Week:	Click or tap here to enter text.

Your Duties While Working at Facility
Click or tap here to enter text.

Experience Information (please print or type)

Facility Information	
Name and Address:	Click or tap here to enter text.
Contact Person:	Click or tap here to enter text.
Contact Email:	Click or tap here to enter text.
Contact Phone Number:	Click or tap here to enter text.

Your Information While Working at Facility	
Position Title:	Click or tap here to enter text.
Start and End Dates:	Click or tap here to enter text.
Number of Weeks Worked:	Click or tap here to enter text.
Total Hours Accrued:	Click or tap here to enter text.
Average Accrued Hours per Week:	Click or tap here to enter text.

Legal Name: _____

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Your Duties While Working at Facility
Click or tap here to enter text.

Experience Information (please print or type)

Facility Information	
Name and Address:	Click or tap here to enter text.
Contact Person:	Click or tap here to enter text.
Contact Email:	Click or tap here to enter text.
Contact Phone Number:	Click or tap here to enter text.
Your Information While Working at Facility	
Position Title:	Click or tap here to enter text.
Start and End Dates:	Click or tap here to enter text.
Number of Weeks Worked:	Click or tap here to enter text.
Total Hours Accrued:	Click or tap here to enter text.
Average Accrued Hours per Week:	

Your Duties While Working at Facility
Click or tap here to enter text.

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