

**DMS Applicant Volunteer Documentation**

This is to certify that \_\_\_\_\_ has observed patient examinations in our laboratory to gain observation hours suitable to fulfill requirements associated with application to the Diagnostic Medical Sonography program.

Patient Care Volunteer Hours (30 hours) can be submitted with a letter on facility letterhead stating duties at time of volunteering or employment documentation if completed in the course of employment.

Sonography Volunteer Hours (10 hours) can be submitted with a letter on facility letterhead or the following form.

<b>Date Observed</b>	<b># of Hours</b>	<b>Sonographer / Instructor Signature</b>