



SCHOOL OF

Diagnostic Medical Sonography

WYOMING VALLEY
HEALTH CARE SYSTEM

School of Diagnostic Medical Sonography
575 North River Street • Wilkes-Barre, PA 18764-0001
570-552-4654

DOCUMENTATION OF OBSERVATION

As a prerequisite for application to the Diagnostic Medical Sonography Program, eight (8) hours of observation within a sonography department is required. Please **print this form** and have the person in charge of your observation complete it. The applicant is to complete the comment section and submit the form along with the application.

Applicant's Name _____

Date(s) of Observation _____

Facility _____

Address _____

Supervisory Personnel _____

Job Title _____

Signature _____ Date _____

PLEASE COMMENT ON YOUR EXPERIENCE AT THIS FACILITY

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