

# OBSERVATION REPORT RECORD

## Diagnostic Medical Sonography

A minimum of 20 hours of observation is required for acceptance into the Diagnostic Medical Sonography Program. Consideration will be given if you have worked or are currently working in a medical imaging setting.

Please use this form for recording your clinical observations. The observations must be completed under the direction of the department/facility supervisor for the applicants to the Sonography Program.

Submit this completed document with your "Completion Packet Checklist" to:

College of Southern Nevada  
 Limited Entry Office  
 Charleston Campus – WCK216  
 6375 West Charleston Boulevard  
 Las Vegas, NV 89146

Name \_\_\_\_\_  

Last
First
Middle
All Last Names Used

Address \_\_\_\_\_  

Number
Street
Apt. Number

\_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  

City
State
Zip
Daytime Number

Date	Agency & Address	Contact Person & Phone Number	From (Time)	To (Time)	Number of Hours