

**COLLEGE OF SOUTHERN NEVADA**  
**HEALTH CARE EXPERIENCE**

For which **semester** and **year** are you applying?

For which **track** are you applying? Circle one:    Cardiac/Vascular  
  General/Vascular

Applicant name (please print)\_\_\_\_\_ NSHE ID #: \_\_\_\_\_

I give my permission to release the requested information to the CSN Diagnostic Medical Sonography Program.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Once this form has been completed and signed by employer, the applicant must submit with the completion packet to:

Limited-Entry Admissions, Room WCK216  
College of Southern Nevada  
6375 West Charleston Boulevard  
Las Vegas, NV 89146

Employer Name:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_

Name and title of person completing form (please print):\_\_\_\_\_

Provide a brief description of the agency (e.g. hospital, nursing home, home health, etc.):

Provide a brief description of the responsibilities of the applicant:

Applicant employed from:\_\_\_\_\_ to:\_\_\_\_\_

Full-time employment or                    Part-time employment

Would you rehire this person?

Please comment on the strengths and weaknesses of the applicant:

Signature:\_\_\_\_\_ Date:\_\_\_\_\_