

Clinical experience Form

Applicant Section

Applicant: _____

Select the Program to which you are applying:

☐ Ultrasound

☐ Echo

Is this experience from work or clinical education:

☐ Work

☐ Education

Applicants signature: _____

Date: _____

For an applicant to be considered for the Ultrasound or Echocardiography program they must prove they have hands-on patient care experience.

Supervisor or Clinical Instructor Section

Clinical Instructor/Supervisor Name: _____

Phone#: _____

Occupation: _____

Applicant's Job title or clinical: _____

Responsibilities in this role, please include any duties related to direct patient care:

Start date: _____ End date: _____

Full-time: _____ Part-time: _____ Per diem/PRN: _____

Use this space for any additional information you feel we should know about your experience.

Supervisor signature: _____

Certification:

I certify that this evaluation was completed by me personally and it is my understanding that the information provided will be used exclusively by the Admissions Committee of West Virginia University Hospitals Imaging Science Education Programs.

Signature: _____

Date: _____

Return this form to:

West Virginia University Hospitals
Imaging Science Education Programs
Box 8062
Morgantown, WV 26506