

have hands-on patient care experience. Supervisor or Clinical Instructor Section Clinical Instructor/Supervisor Name: Contact information (email and/or phone number): Applicant's Job title or clinical: Responsibilities in this role, include all duties related to direct patient care:(volunteer hours wi					Applicant Section
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For an applicant to be considered for the Ultrasound or Echocardiography program is have hands-on patient care experience. Supervisor or Clinical Instructor Section Clinical Instructor/Supervisor Name:	cation] Work 🗆 Ed	٦	□ Echo	□ Ultrasound
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Full-time: Part-time: Per diem/PRN: Supervisor/Clinical instructor signature: Date:					
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Use this space for any additional information you feel we should know about your experience.	e.	ould know about your experie	on you feel we shou	additional informatior	Use this space for any add

Certification:

I certify that this evaluation was completed by me, 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