WVUMedicine

West Virginia University Hospitals
Imaging Science Education Programs

Clinical experience Form

not required of Radiologic Technology students and/or graduates

Applicant Section

Applicant: _____

Select the Program to which you are applying: **Is this experience from work or clinical education:**

☐ **Ultrasound** ☐ **Echo** ☐ **Work** ☐ **Education**

Applicants signature: _____ Date: _____

To be considered for the Ultrasound or Echocardiography program a completed form must be submitted with the application proving the applicant has hands-on patient care experience.

Must be completed by Supervisor or Clinical Instructor

Clinical Instructor/Supervisor Name: _____ **Title**: _____

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 and shadow hours will not be accepted)

_____

_____

_____

_____

_____

Year(s) _____ **How many hours per week?** _____

Total number of hours per calendar year (minimum of 500 hours required): _____

Supervisor/Clinical instructor signature: _____ **Date:** _____

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

_____

_____

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