

CHARACTERISTICS OF A CLINICAL LEARNING CENTER

Fully completed applications must include this completed form if you are applying for acceptance and have secured a clinical scanning site outside of Northern Utah which is not affiliated with Weber State University but meets the program's clinical education requirements and is willing to provide you with scanning experience.

PROGRAM'S CLINICAL EDUCATION REQUIREMENTS

The prospective student must have a clinical affiliate which will allow them to perform scanning procedures under the supervision of a medical sonographer (medical elective) or cardiac sonographer (cardiac elective) certified by the American Registry of Diagnostic Medical Sonographers and/or a physician educated or certified in performing sonography examinations. The scanning experience for the Regional Program is a minimum of 24 hours per week for a 12-month period if the applicant has completed a radiography program or equivalent or for 24-month period if the applicant has not completed a radiography program. If this is an application to the Independent Study Program (Distance Learning) program, the applicant must be employed to gain a minimum of 35 hours per week for 48 weeks concurrent with the academic course work.

The program applicant is responsible to have this form completed and signed by this clinical site. It is strongly recommended that the program applicant discuss malpractice insurance with the potential clinical site. Malpractice Insurance is available from various organizations including the Society of Diagnostic Medical Sonography (see <http://www.sdms.org>).

Note: Please write clearly when completing the application form.

Date _____ 20 ____ Cardiac Elective Medical Elective

Employer / Health Care Facility Willing to Provide Clinical Education

Institution Name:
Department:
Street Address:
City, State, Zip:
Telephone Number:

Primary Supervisor: Please provide photocopy of current certification card.

Name:
ARDMS Number: _____
<input type="checkbox"/> RDMS <input type="checkbox"/> Abdomen <input type="checkbox"/> Obstetrics-Gynecology <input type="checkbox"/> Neurosonography <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Breast <input type="checkbox"/> RDCS <input type="checkbox"/> Adult Echocardiography <input type="checkbox"/> Pediatric <input type="checkbox"/> Echocardiography <input type="checkbox"/> RVT
Telephone Number:
Email Address:

Supervising Physician and/or other Supervisory Personnel (If ARDMS certified, please include a photocopy of current certification card.)

Name:
Name:
Name:

Description of Ultrasound Equipment

Equipment Manufacturer	Model	Transducers – (Linear, Phased, Endocavitary, MultiHertz, Etc.)	Primary Utilization
Total Number of Scanning Stations _____			

Facilities Within The Institution Utilizing Sonographic Examinations

Facility	Available	Utilized
Emergency / Trauma	___ Yes ___ No	___ Yes ___ No
Intensive / Critical / Coronary Care	___ Yes ___ No	___ Yes ___ No
Neonatal Intensive Care	___ Yes ___ No	___ Yes ___ No
Surgery	___ Yes ___ No	___ Yes ___ No
General Obstetrics	___ Yes ___ No	___ Yes ___ No
High Risk Obstetrics	___ Yes ___ No	___ Yes ___ No
Angiography/ Cardiac Catheterization	___ Yes ___ No	___ Yes ___ No
Other	___ Yes ___ No	___ Yes ___ No

Annual Statistical Summary of Sonographic Procedures Performed in Department

Examination	TOTAL	Examination	TOTAL
1 st Trimester Obstetrical		Adult Echocardiography	
2 nd Trimester Obstetrical		Pediatric Echocardiography	
3 rd Trimester Obstetrical		Fetal Echocardiography	
Gynecologic		Cardiac Other, Specify	
Abdominal			
Renal		Cardiac Other, Specify	
Prostate			
Testicular		Peripheral Vascular	
Breast		Cerebrovascular	
Thyroid		Vascular Other, Specify	
Biopsies			
Cyst Aspiration		Vascular Other, Specify	
Interventional			
Interoperative		Vascular Other, Specify	
Thoracentesis			
Medical Other, Specify		Other, Specify	
Medical Other, Specify		Other, Specify	
Medical Other, Specify		Other, Specify	

_____ **Estimated number of scanning procedures each student in this department would be allowed during a normal day.**

_____ **Estimated number of scanning procedures each sonographer/vascular technologist in this department completes during a normal day.**

My signature verifies the Characteristics of Clinical Learning Center form is correct and the applicant is currently or will have the opportunity to gain clinical experience in this department. The experience will include performing scanning procedures under the supervision of a medical sonographer (medical elective) or cardiac sonographer (cardiac elective) certified by the American Registry of Diagnostic Medical Sonographers and/or a physician educated or certified in performing sonography examinations. The scanning experience for the Regional Program is a minimum of 24 hours per week for a 12-months period if the applicant has completed a radiography program or equivalent and for the Independent Study (Distance Learning) a minimum of 35 hours per week for 48 weeks as an employee. This time frame meets the ARDMS requirements (see <http://www.ardms.org>).

If the student is not an employee of the facility or is not insured to practice in the facility, I have discussed with the student the need to obtain Malpractice Insurance which is available from various organizations including the Society of Diagnostic Medical Sonography (see <http://www.sdms.org>)

Comments:

Signature of Supervising Sonographer, Vascular Technologist, or Physician

Date

Questions may be directed to:

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