

SOUTHEAST TECHNICAL INSTITUTE
DIAGNOSTIC MEDICAL SONOGRAPHY
Applicant Work Experience or Volunteer Documentation

Applicant Name: _____

The person named above has worked or volunteered in the following capacity:

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title/Position: _____

Essential Job Duties and Responsibilities:

Did this experience involve customer contact? Yes _____ No _____

Did this experience involve patient contact? Yes _____ No _____

Estimated Total Hours: _____

Dates of Experience: _____

Supervisor Name: _____ Phone #: _____

Supervisor Signature: _____ Date: _____

Total experience should exceed 120 hours. This may have been obtained at more than one facility or company. Submit this work/volunteer documentation to the Southeast Technical Institute Admissions Office before the February 1st application deadline.