



## 2025 Application for Diagnostic Medical Sonography (DMS)

### Site Visit Signature Form

You must schedule an appointment for a visit with a hospital imaging department. Directions for visiting one of the Billings hospitals are listed on the DMS program webpage under the General Admission Requirements link - Site Visit Scheduling Instructions. You must dress appropriately for the visit. No T-shirts, jeans or shorts can be worn. Fill out and submit this site visit form with your application. Answer the questions listed on this form and submit your answers with your application. ***Confidentiality is a major issue in any medical environment and any patient information, such as the patient's name, history, condition, procedures performed or the results of those procedures, must be kept strictly confidential.***

Applicant's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Telephone: \_\_\_\_\_

Site Visit Facility: \_\_\_\_\_ Visit Date \_\_\_\_\_ Hours Observed \_\_\_\_\_

**I understand the importance of patient confidentiality and by signing below I agree to keep all patient information confidential.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Sonographer who supervised your visit: \_\_\_\_\_

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Site Visit Narrative: On a separate sheet of paper, answer the following questions. Submit this form and your answers with your application.

1. What ultrasound exam types or procedures were you able to observe?
2. List the job responsibilities of a Diagnostic Medical Sonographer.
3. What aspect of the job was a surprise to you?
4. What did you notice about the interactions of the Sonographer with patients and staff?
5. What part of the site visit was most interesting to you and why?