



## **2025 Application for Diagnostic Medical Sonography Associate of Applied Science Degree**

Dear Diagnostic Imaging Manager/Clinical Coordinator,

City College at Montana State University Billings offers an Associate of Applied Science in Diagnostic Medical Sonography. Our program combines online coursework with hands on clinical experience and is the only sonography program in Montana. Program applicants residing outside of the Billings, MT area who wish to complete the clinical portion of their education in their area of residence must be able to identify an acceptable clinical site willing to host them.

You are reading this letter because a potential applicant has contacted you and desires to complete their clinical practicums at your facility. The program strives to ensure that student clinical experiences are equitable no matter the location and provide exposure to the broad range of diagnostic ultrasound exams. The program provides clinical objectives and competency checklists in addition to evaluations to assist you in evaluating the student's mastery of the expected skills during clinical practicums.

We are requesting your assistance at this time to determine whether the program clinical requirements can be accomplished at your facility.

- Please complete the Clinical Site Verification (CSV) form provided with this letter.
- Once the form has been completed, please return it to the applicant who will submit it to the City College Diagnostic Medical Sonography program as part of the application process.
- Upon receiving the CSV, the City College Diagnostic Medical Sonography clinical coordinator will contact your facility to further coordinate this process and initiate an affiliation agreement/Memorandum of Understanding (MOU).

Thank you for taking the time to consider partnering with City College at Montana State University Billings as a potential clinical site. If you have any questions, please do not hesitate to contact me, or our department administrative assistant at 406.247.3077.

Sincerely,

Tam McDowell, RDMS, RDCS, RVT  
Program Director, Diagnostic Medical Sonography  
City College at Montana State University  
Billings, MT  
406-247-3086 (w)/406-425-3723 (c)  
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This form is to be filled out by the education/clinical coordinator or the imaging director/manager who can act as a liaison between institutions to provide clinical experience for the following student. Once this form is received, the clinical coordinator at City College will contact the clinical site to establish an affiliation agreement/MOU. This is not a legally binding document.

Student's Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Imaging Manager or Contact at the Site: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your facility employ an ARDMS credentialed sonographer? \_\_\_\_\_

If so, what credentials does he/she hold? \_\_\_\_\_

What days of the week do you perform ultrasound exams? Please check all that apply.

\_\_ Monday \_\_ Tuesday \_\_ Wednesday \_\_ Thursday

\_\_ Friday \_\_ Saturday \_\_ Sunday

If you offer US on the weekends, is your sonographer on call, or on site for a dedicated number of hours?

\_\_\_\_\_

Approximately how many Ultrasound exams does your facility perform in a year? \_\_\_\_\_

Please provide an estimate of the types of exams your facility does by percentage.

Abdomen/Small Parts \_\_\_\_\_ %

OB/Gyn \_\_\_\_\_ %

Vascular \_\_\_\_\_ %

Are there any specific US exams your facility does not perform (please list)? \_\_\_\_\_

\_\_\_\_\_

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Do you have any concerns we can address to help you in your decision to host the student?

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