



2021 Application for Certificate of Applied Science (CAS) Ultrasound Technology

To: Ultrasound Diagnostic Imaging Manager/Clinical Coordinator

From: City College at MSU Billings

Subject: Clinical Site Verification Form

The Ultrasound Technology Program at MSUB City College offers a Certificate of Applied Science in Abdomen/Small Parts Sonography to individuals interested in pursuing a career in Diagnostic Medical Sonography. Our program is a unique blend of online coursework combined with clinical instruction in health care facilities. Applicants residing outside the Billings, MT area who wish to complete the clinical practicums in their area of residence must be able to identify an acceptable clinical site willing to provide clinical instruction. Students enter clinical rotations concurrently with their didactic work.

You are receiving this letter because a potential applicant has contacted you and desires to complete their clinical practicums at your facility. Our program strives to ensure that student clinical experiences are consistent regardless of location and provides appropriate exposure to a broad spectrum of diagnostic ultrasound exams. Our program requires students to meet clinical objectives and competency checklists in addition to evaluations to assist you in determining the student's mastery of expected skills during clinical practicums.

We request your assistance in determining whether our program's clinical requirements can be met 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 MSUB City College Sonography program as part of the application process.
- Upon receiving the CSV, the MSUB City College sonography clinical coordinator will contact your facility to further coordinate this process and initiate an affiliation agreement/Memorandum of Understanding (MOU).

We appreciate your thoughtful consideration to support this innovative program for individuals who wish to begin their career in Diagnostic Medical Sonography. If you have any questions, please do not hesitate to contact our department administrative assistant, Ms. Janet Drinkwalter at 406-247-3077.

Sincerely,

Victor White

Ultrasound Program Director

Clinical Site Verification Form

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 has been received, the clinical coordinator at MSUB 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 a breakdown 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)? _____

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

