

San Jacinto College  
Diagnostic Medical Sonography Program  
Verification of Health-Related Experience

The individual listed below has applied for admission into the San Jacinto College Diagnostic Medical Sonography Program and has identified your business/company as a previous place of employment in which direct patient care was a part of their duties. Please complete the requested information to verify the information.

Applicant should complete this portion, and request supervisor to verify and sign.

Applicant Name: \_\_\_\_\_

Business/Company Name: \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Average weekly hours \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's phone \_\_\_\_\_

Supervisor's email \_\_\_\_\_

Job Title \_\_\_\_\_

List of duties as they apply to direct patient care (example: vital signs, patient transfer, patient prep, etc)

Select all direct patient care duties performed in this position:

\_\_\_\_\_ Vital Signs

\_\_\_\_\_ Patient History

\_\_\_\_\_ Patient transfer (wheel chair/stretchers)

List Additional duties below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ date \_\_\_\_\_

I \_\_\_\_\_, (applicant name) attest the above information is true and accurate. I give consent for the San Jacinto College Medical Imaging Department to verify the above information with the previous employer listed above. I understand that discrepancy in the information may disqualify my application from the diagnostic medical sonography program.

Applicant Signature \_\_\_\_\_ date \_\_\_\_\_