Methodist Healthcare Diagnostic Medical Sonography Program Job Shadowing and Health Care Experience Form

Name		Date:		
Job Shadow Experiences: List your job shadowing experiences. Be very specific about the amount of time spent at each facility and what you experienced while there.				
Facility Name	Contact Person & Phone Number for Verification	Number of Hours Spent at the Facility	What You Observed While at the Facility	
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Health Care Experience: List the Health Care Experiences(s) you have had below. Be specific about the type of activity performed and the amount of time spent doing the activity

Facility Name	Contact Person & Phone Number for Verification	Number of Hours Spent at the Facility	Patient Care Activies Performed While at the Facility