



**Diagnostic Medical Sonography Applicants
Verification of Direct Patient Contact Hours Form**

Applicant's Name: _____ **Employer:** _____

Applicants for admission to the Diagnostic Medical Sonography program must possess a current human health care license and/or certification with no limitations applied. They must have work experience of at least a minimum 500 DIRECT patient contact hours. Verification of your patient care hours can be documented on this form and authorized by your immediate supervisor. Your supervisor's signature verifies that the named candidate has completed documented hours.

Patient Care includes, but not limited to:

- Perform vital signs
- Physical assessment of patient
- Perform appropriate hand hygiene
- Demonstrate patient transfer, positioning, and handling
 - Transfer techniques-moving/turning in bed, assisting with bed to chair/bed to stretcher/bed to wheelchair
- Assisting patients with elimination and toileting processes
- Utilize proper body mechanics for patients
- Performing patient hygiene (bathing, dressing, dental care, and etc.)
- Demonstrate proper technique to apply and remove personal protective equipment (PPE)
- Utilize proper technique to care for patient in isolation
- Demonstrate the principles of surgical asepsis
- Perform IV insertion/discontinuation
- Demonstrate safe administration of intramuscular, subcutaneous, and intradermal medications and selection of injection site.

The DMS applicant, _____, has completed ____ hours with
_____ (company/organization).

Supervisor's Signature and Title: _____

Contact Information: _____

*this form may be duplicated

Only this form will be accepted to document/verify direct patient contact hours.