

A. Name and Address of Clinical Affiliate:

Ultrasound Department Phone Number:

B. Name of Chief Administrative Officer:

C. Department in which the clinical education center is located:

Radiology Dept OB/GYN Dept Cardiology Dept
 PEDS Echo Dept Vascular Dept Other (specify) _____

D. Name of director of the Department with responsibility for medical diagnostic procedures:

Email Address:

E. Name of diagnostic area manager:

F. Designated Clinical Instructor(s):

Name	Academic Credentials	ARDMS Certif. Specialties	% of Time Assigned to Educational Responsibilities

G. Description of Ultrasound equipment (manufacturer, model, year, and transducers):

Manufacturer	Model	Year	Transducers

H. Identify number of examining stations:

I. Estimate number of procedures each student will be expected to participate in during a typical clinical education day:

Abdomen _____ Obstetrics _____ Gynecology _____ Cardiac _____ Vascular _____

J. Number of full-time equivalent staff sonographer/technologists assigned to:

Days _____ Evenings _____ Nights _____ Weekends _____

K. List all facilities available at the major clinical affiliate:

Emergency/Trauma Surgery Intensive Care Unit
 Cardiac Care Unit General Obstetrics High Risk Obstetrics
 Neonatal Intensive Care Unit Antiography/Cardiac Catheterization
 Other (specify) _____

L. Instructional Accreditation:

Name of Agency _____

Term of Current Status: _____

Date Awarded: _____

M. Authorized Student Capacity: _____

N. Is this clinical site shared with another diagnostic medical sonography program?

yes _____ no _____ If yes, which one(s)? _____

Statistical Summary of Diagnostic Procedures

(for last available preceding 12-month period)

Period: From _____ To _____
month year month year

Examination Category	Number of Procedures
Abdominal	
Small Parts	
Thyroid	
Testicular	
Breast	
Prostate	
Neonatal Neurosonography	
Other	
Obstetrical	
Gynecological	
Cardiac	
Adult	
Pediatric	
Vascular	
Total Procedures	