

## Radiation Sciences-Sonography/Ultrasound Observation Form

Attention: Radiology Facilities. The below applicant is pursuing a career in Sonography/Ultrasound through the SAHP Radiation Sciences Department at Loma Linda University and is required to do  $\underline{\mathcal{B}}$  hours minimum of observation time.

Name			
Proposed year and term	of entry @ LLUyr	Fall Spring	
Date of observation # o		hours of observation completed	
Clinic lab or facility you o	observed at		
City	State		
Supervising clinician			
Work phone or email of s	upervising clinician		
	CHILD TO A		
Please mark observation  Obstetrics	1 types of Ultrasounds you o	observed: ☐ Abdomen	□ Aorta
UDSTETLICS	☐ Gynecology	□ Abaomen	□ Aorta
□ Liver/gallbladder	□ Vascular (carotids, venous)	□ Breast	□ Testicular
□ Cardiac	□ pediatric	□ Neonatal head	□ Other
•	ynopsis of your observation r observation experience.)	experience. (ie: what will	you remember or what you
Signature of supervising clinician			Date
Student			Date
The hours listed about are of Allied Health Profession		e Radiation Sciences degree Iall A829 Radiation Science	e at Loma Linda University School