





**Student Name** \_\_\_\_\_

Reviewed with the Student  Yes  No

Student Signature \_\_\_\_\_

Clinical Instructor Signature \_\_\_\_\_

**Clinical Competency Documentation Form  
DMS4491 Applied Sonography I-4-Semester Track**

Students must demonstrate competency in 2 required exams. If the competency is not met this semester carry forward to the next sheet.

																		Gallbladder	Abdominal Vessels (Ao, IVC)	Exam	
																				Date	
																					Requisition Evaluation
																					Patient Assessment
																					Room Preparation
																					Patient Management
																					Equipment Management
																					Transducer Selection
																					Scanning Technique
																					Image Quality
																					Knowledge of Anatomy
																					Knobology
																					Worksheet Completion
																					Image Evaluation
																					<b>TOTAL (must total 9-12)</b>
																					Tech's initials
																					<input checked="" type="checkbox"/> Check if Simulated







