



Applicant's Name: \_\_\_\_\_ Date of Observation: \_\_\_\_\_

Thank you for your participation in COTC's Observation Requirements for Diagnostic Medical Sonography. Please go to the site below to 1) Verify Hours 2) Evaluate the Observer

[www.jotform.com/COTCRecords/DMS](http://www.jotform.com/COTCRecords/DMS)

There you will find questions about the applicants' professionalism, communication, demeanor & interest demonstrated during their observation.

**Students must have separate evaluations for each observation.**

**For the General program, students must complete 8 hours.**

**No more than 4 of those hours may be from an OB observation.**

**For the Cardiovascular program, students must complete 8 hours:**

**4 hours of Cardiac AND 4 hours of Vascular observation.**

You will be asked to electronically sign the form and provide your work contact information. Once the survey is submitted, you will receive a confirmation page as well as a confirmation email.

Please note: A number of random applicant observations will be selected for verification. If selected, a member of the COTC Records department will contact the facility or the email address provided on the observation to confirm the validity of the submission so we ask that you provide an email address affiliated with the observation site.

Thank you for your willingness to host our applicants as they explore their future in a health profession.