Lamar Institute of Technology
Allied Health-Sonography Program

Observation Hours

Dear Applicant,

Some facilities type their own letter verifying that you have completed the required observation hours. However, if you are completing your observation hours at a facility that does not type their own letter please have the sonographer fill out this form and sign below. Make a copy for your records and send this form (or the letter) in with your completed application packet by April 1st.

Thank You,
Judy Tinsley
DMS/DCS Program Director

This is to verify that _________________________________________ (students’ name) has completed 24 hours of observation on ______________________________ (dates) in the ______________________ (Ultrasound, Echo, etc.) department at ______________________________ (name of facility).

Sonographer signature and credentials: ________________________________

Date: ______________