

DIAGNOSTIC ULTRASOUND PROFESSIONAL AND VOLUNTEER EXPERIENCE TRACKING FORM

PROFESSIONAL HEALTHCARE EXPERIENCE (INVOLVING DIRECT PATIENT CARE)

Clinic / Hospital / Other	Type of Work	Start Date	End Date	Hours	Contact & Phone or Email

COMPLETION OF CERTIFIED NURSING ASSISTANT TRAINING

College / Training Provider	Completion Date

VOLUNTEER WORK (MINIMUM 50 HOURS COMPLETED WITHIN PAST TWO YEARS)

Clinic / Hospital / Other	Type of Work	Start Date	End Date	Hours	Contact & Phone or Email