



WORK EXPERIENCE DIAGNOSTIC MEDICAL SONOGRAPHY

Please return this form to:
Southeast Tech
2320 N Career Ave, Sioux Falls, SD 57107
Phone: 605-367-6040 or 800-247-0789
Fax: 605-367-8305
Email: Admissions@southeasttech.edu

Applicant Name _____

The person named above has worked or volunteered in the following capacity:

Company _____

Address _____ City _____ State _____ Zip _____

Job Title/Position _____

Essential Job Duties and Responsibilities:

Did this experience involve customer contact? Yes No

Did this experience involve patient contact? Yes No

Estimated Total Hours _____

Dates of Experience _____ to _____

Supervisor Name _____ Phone # _____

Supervisor Signature _____ Date _____

Total experience should exceed 120 hours. This may have been obtained at more than one facility or company. Submit this work/volunteer documentation to the Southeast Tech Admissions Office before the Feb. 1 application deadline.