UMBC Training Centers | Diagnostic Medical Sonography Program

UMBC Diagnostic Medical Sonography Program
Record of Volunteer Hours

Applicant name _____

Institution of service _____

Department Name _____

Type of volunteer service _____

Number of volunteer hours _____

I attest that the above named individual has completed volunteer service hours at this institution having exposure to or assisting with patient care in a health care setting as a requirement for entrance in the UMBC Sonography program. (A minimum of 40 volunteer hours are required)

Name Signature

Title