



## Healthcare Employment Hours Verification for DMS Application (Direct Patient Care required)

PLEASE USE THIS FORM

Date: \_\_\_\_\_

To Admissions Committee:

\_\_\_\_\_ (*potential student's name*) is applying for the Diagnostic Medical Sonography Program at Pikes Peak State College. As part of the application process, students may verify the number of hours of experience in healthcare. Applicants' work experience must include direct patient care.

### EMPLOYER TO COMPLETE:

This letter and my signature confirm that \_\_\_\_\_ (*potential student's name*) is currently or has been employed in the healthcare service role stated below for \_\_\_\_\_ hours (within the past 3 years).

Position Held: \_\_\_\_\_

Director/Manager Name (print): \_\_\_\_\_

Director/Manager Signature: \_\_\_\_\_

### Contact Information (please print):

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### APPLICANT TO COMPLETE:

In addition to this form, a copy of a job description or letter from employer on letterhead outlining job/volunteer duties must also be included in the submitted application.