

Vascular Sonography Certificate of Completion Program Employer/Clinical Site Participation Letter (For Completion by Hospital or Clinic Administrator Only)

Leigh Giles-Brown, DMS Program Director
Lincoln Land Community College
5250 Shepherd Rd.
P.O. Box 19256
Springfield, IL 62794-9256

Date: _____

Dear Program Director,

My organization, _____, agrees to fully support the clinical education of our employee, _____, as a student enrolled in the Vascular Sonography Certificate of Completion Program at Lincoln Land Community College (LLCC). Starting _____, we will provide support during the entire 16-week fall semester, 16-week spring semester and 8-week summer session that comprise the program.

As part of this agreement, I understand the LLCC Vascular Sonography program will:

- Provide students with didactic coursework (lecture and lab) needed to introduce them to key concepts and introductory scanning skills for vascular sonography.
- Provide supervising RVT mentors with program expectations as outlined in the Vascular Sonography Field Work course syllabus.
- Provide supervising RVT mentors with online access to the Trajecsys clinical tracking system so they may easily complete required student competency and performance evaluations.
- Track student time and completion of required competencies and evaluations.
- Schedule milestone check meetings with supervising RVT mentors during each semester of the program.
- Provide a registry review course to prepare students for the ARDMS Vascular Technology board exam in their final semester of the program.
- Ensure student access to the full host of college resources available to them according to LLCC policy.

By my signature below, I understand and agree that my organization's role as the employer for this work-based learning experience is as follows:

- **Supervised Vascular Hours** - Provide the student with a supervised work experience of 10 hours per week in vascular ultrasound for the duration of the 40-week certificate program (Total hours = 400).

- **Certified RVT Mentor** - Make the training an educational experience by helping students develop their vascular ultrasound scanning and patient care skills while working with an assigned mentor who is a currently registered vascular sonographer.
- **Time for Milestones** - Assist the student in meeting course milestones for program required assessments, competencies, and evaluations.
- **Required Competencies** - Evaluate student performance of the following vascular ultrasound competencies:
 1. Carotid/Vertebral Duplex
 2. Aortoiliac Duplex
 3. Ankle and Brachial Pressures/ABI
 4. Lower Extremity Arterial Duplex
 5. Lower Extremity Venous Duplex
 6. Lower Extremity Venous Insufficiency Testing
 7. Upper Extremity Venous Duplex
- **Clinical Verification for Certification** - Have a physician or sonographer who is registered with the APCA or ARDMS provide direct observation and sponsorship of students who successfully perform the minimum clinical skills listed by the ARDMS on the Vascular (VT) Clinical Verification (CV) Form required for ARDMS registry examination (see attached CV form).

In agreement with these terms, the student/employee will be working under the supervision of _____ when performing vascular ultrasound exams for the purposes of this program. To schedule milestone check meetings with the supervising mentor, please contact _____.

Sincerely,

Hospital Administrator Signature _____
Required – original signature on printed form

Printed Name & Title _____

Contact Information _____