



MT. SAN JACINTO COLLEGE  
DIAGNOSTIC MEDICAL SONOGRAPHY  
DMS WORKSHOP

CERTIFICATE OF ATTENDANCE

This is to certify that \_\_\_\_\_ has reviewed the Diagnostic Medical Sonography on-line power point presentation. I understand all program requirements, procedures, and expectations. I acknowledge that should I have any change of address, name or personal email address, I will notify the Nursing & Allied Health Department immediately.

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

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