



SDMS STUDENT STATUS VERIFICATION FORM

A SDMS Student member is defined as an individual who is currently enrolled in a Diagnostic Medical Sonography or other healthcare-related program and will be considered a Student Member until completion of the educational program.

To comply with the SDMS Student Membership or SDMS Foundation program eligibility requirements, student status must be verified by the applicant's current program faculty by completing this form.

Student membership applications may be submitted by mail, fax, or email or online at sdms.org/join. Applications must be received before the applicant's graduation date to be considered for SDMS Student Membership. If the applicant does not meet the SDMS Student Membership requirements, the dues payment will be refunded.

PROGRAM FACULTY AFFIRMATION

I hereby confirm that the applicant is currently accepted or enrolled in a sonography or other healthcare-related educational program and the information provided in this section is accurate. I understand that providing false or misleading information may result in denial of the application and other actions deemed appropriate by the SDMS or SDMS Foundation.

Program Faculty Signature Date SDMS #

Printed Name _____

Program Role: Clinical Coordinator Faculty/ Instructor Program Director Other

Program Faculty Email _____ Daytime Phone () _____ ext. _____

Student Name _____

Student Anticipated Graduation Date _____ SDMS # _____
(mm/dd/yyyy) if applicable

PROGRAM INFORMATION

School Name _____

Program Name _____

Address _____

City _____ State/Province _____ Zip+4/Postal Code _____

Website _____

Questions?