

**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 62794-256

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. 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, we will provide the following:

- Provide mentors with program expectations as outlined in the Vascular course syllabus.
- Provide mentors with online access to the Trajecsys clinical tracking system so we can track required student competency and performance evaluations.
- Provide for the completion of required competencies and evaluations.
- Provide for weekly meetings with supervising RVT mentors during each semester of the program.
- Provide for the course to prepare students for the ARDMS Vascular Technology board certification exam.
- Provide for the full host of college resources available to them according to LLCC policies.

_____ and I agree that the organization's role as the employer for this program is as follows:

IFS

- x Certified RVT Mentor Make the training an educational experience by helping students develop their vascular ultrasound scanning and patient care skills working with a assigned mentor who is currently registered vascular sonographer.
- x Time for Milestones- Assist the student in meeting course milestones for program required assessments, competencies and evaluations
- x Required Competencies Evaluate student performance of the following vascular ultrasound competencies:

1. Carotid/Vertebra Duplex
2. Aortoiliac Duplex
3. Ankle and Brachial Pressures/ABI
4. Lower Extremity Arterial Duplex
5. Lower Extremity Venous Duplex

4.4.