



INSTRUCTIONS:

- 1) Please act professionally and courteous when performing the interview.
- 2) Interview must be completed within 12 months of applying to the program.
- 3) **Upon completion, please scan and email completed form to DMSprogram@clarkstate.edu.**
- 4) Submit this form when submitting your application for the Diagnostic Medical Sonography Program at Clark State College

Student Name: _____ Student ID: _____ Date: _____

Who did you choose to interview?

Name: _____ Profession: _____

1. Why did you choose to work in healthcare?

2. What does a typical work day look like?

3. What is your favorite part of working in healthcare?

4. What advice do you have for someone wanting to pursue a career in healthcare?

THE REST OF THE FORM IS INTENDED FOR YOU TO COME UP WITH THREE QUESTIONS TO ASK THE HEALTHCARE WORKER YOU ARE INTERVIEWING.

Question 1: _____

Answer:

Question 2: _____

Answer:

Question 3: _____

Answer:
