



Diagnostic Medical Sonography Program

Certification of Ability to Meet Technical Standards



I have read and understand the Diagnostic Medical Sonography Program Technical Standards. I am able to meet these technical standards with or without reasonable accommodations. If reasonable accommodations are required, I will contact the Office of Accessibility Services at 937.328.6019 or accessibility@clarkstate.edu prior to the start of the Program. Upon notification from the Office of Accessibility Services, I will provide DMS Program faculty with documentation for all approved accommodations.

Name (Print): _____ Student ID #: _____

Name (Sign): _____ Date: _____

If you are unable to determine whether you are able to meet the technical standards with or without reasonable accommodations, or if you require additional information before signing this certification, please contact the DMS program director, Megan Platfoot at 937.328.7970 or platfootm@clarkstate.edu.