



## 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](mailto: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 Megan Platfoot, Assistant Professor and Program Coordinator, at [platfootm@clarkstate.edu](mailto:platfootm@clarkstate.edu).