ARDMS®
The globally recognized standard of excellence in sonography

Clinical Experience Documentation Form for Breast Specialty

Procedures must be listed in the same order as presented in this Clinical Experience Document

Name:_____

Facility Name	Year Performed	Procedure	Level of Involvement (Observing, Assisting or Performing)	Verification Signature

To protect patient confidentiality, clinical experience must be documented without patient identifiers in conformity with the Health Insurance Portability and Accountability Act (HIPAA).

Do not mail this form to ARDMS with the application. Please retain this form for at least 36 months following application to ARDMS. When ARDMS selects an individual's application for audit, the sponsoring sonographer or primary interpreting physician will be asked to confirm that the procedures were indeed performed by that individual at that time. This form may be duplicated and submitted separately from the application, upon ARDMS' request.