

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

"Career Assessment Form" (CAF)

Name	e:	Date:
Addr	ress:	
Sonogr	raphy Track Choice:	
NCC St	udent I.D. Number:	
Note: V	When answering the following questions, do not copy a the internet! Your answers need to reflect your views. Proceedings of the internet of th	
	nspired you to pursue diagnostic medical sonography, and how he future in the specific track you are seeking admission to?	do you see yourself applying your
2. What do	o you believe are the most important qualities for a successful	sonographer, and why?
	aphy is physically and emotionally demanding and requires a rlance coursework, clinical hours, and personal responsibilities	
4. Have you learne	ou had any experience (paid, volunteer, shadowing) in healthcaed from it.	are or patient care? If so, describe what
	be a time you worked as part of a team to accomplish a goal. We at the experience?	That was your role, and what did you

- Before uploading, save your CAF using this format: First Initial.Last Name_CAF26
 eg. B.Smith_CAF26
- Upload your completed Career Assessment Form (CAF) into your Workday Admissions application portal no later than February 15, 2026.

6. Tell us about a time you faced an unexpected problem and how you resolved it.