

## Diagnostic Medical Sonography Program Application

**Applicant Name:** \_\_\_\_\_

**SCC Student ID#:** \_\_\_\_\_

Please complete this worksheet and submit all documents in *one packet* as application for the Diagnostic Medical Sonography program. Deadline to submit completed application to Tito Ellis by **June 25, 2020**.

1. Prerequisite coursework. There are 8 prerequisite courses which need to be completed with a minimum of 2.5 grade in each course. In addition, the math and science courses need to be completed within 5 years of application. This coursework can be completed at any accredited college or university.

Please complete the following table summarizing prerequisite coursework. It is the applicant's responsibility to order official transcripts from institutions outside of the CCS network. Please include an unofficial transcript for preliminary review of application.

| Course                                                 | Grade Achieved | Quarter / Year Taken | Institution Attended | Transcript Included |
|--------------------------------------------------------|----------------|----------------------|----------------------|---------------------|
| BIO 160 – General Biology*                             |                |                      |                      |                     |
| BIO 241 - A&P I                                        |                |                      |                      |                     |
| BIO 242 - A&P II                                       |                |                      |                      |                     |
| Communications 210**                                   |                |                      |                      |                     |
| English 101                                            |                |                      |                      |                     |
| HED 125 – Medical Terminology                          |                |                      |                      |                     |
| Math 108 (College Algebra) OR<br>Math 146 - Statistics |                |                      |                      |                     |
| Physics 100                                            |                |                      |                      |                     |

\*This course is waived, if applicant completes the A&P series at a college where a general biology is not required.

\*\*Counselor approved communications courses might serve as substitute.

2. Additional education experience.

While additional education is not required to qualify for an interview, we recognize time and effort to complete degrees or educational programs. Please complete the following table summarizing completed degree or additional courses that are math, science, or health related. It is the applicant's responsibility to order official transcripts from institutions outside of the CCS network. Please include an unofficial transcript for preliminary review of application.

| Degree or Course | GPA or Grade | Date Completed | Institution Attended | Transcript Included |
|------------------|--------------|----------------|----------------------|---------------------|
|                  |              |                |                      |                     |
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### 3. Volunteer requirement.

The applicant is required to complete a total of 40 hours of volunteer work as a prerequisite. Thirty hours completed in a patient care related activity and ten hours completed within a sonography department. The objectives of this requirements are to ensure the applicant finds themselves well suited to working in the field with sick patients and to ensure they have a good understanding of what the day in the life of a sonographer looks like.

While the program is open to a wide variety of sites to complete this volunteer experience, it is the applicant's responsibility to secure placement and complete the required hours. Documentation of volunteer hours can be documented with a letter from the sponsoring site describing the dates, hours, and duties performed by the applicant. For those who work in healthcare, documentation of hours worked in form of pay statement can satisfy the 30-hour patient care requirement. This requirement can present challenges due to institutional policies regarding patient confidentiality, so make sure to plan accordingly.

| Name of Volunteer Site | Patient care or Sonography | Hours Completed |
|------------------------|----------------------------|-----------------|
|                        |                            |                 |
|                        |                            |                 |
|                        |                            |                 |
|                        |                            |                 |

### 4. 3 Professional Letters of recommendation (Letters should not be older than 3 months from application deadline.)

Recommendation letters provide observations of the applicant that only those that know you can provide. Since we are looking for professional qualities, we encourage the applicant to request letters from employers or instructors / professors. Please request the recommendation letter be provided to you in a sealed envelope with signature over the seal line, so that you can include it with your application.

In the table below, include the name of your reference and how you are associated.

| Name of Reference | How associated with applicant |
|-------------------|-------------------------------|
| 1.                |                               |
| 2.                |                               |
| 3.                |                               |