



2012 DIAGNOSTIC MEDICAL SONOGRAPHY Program Application Checklist

Applications will be accepted until June 1, 2012
Applications received after June 1st will be considered on a space available basis.

TO COMPLETE APPLICATION TO THE PROGRAM, THE FOLLOWING MUST BE SUBMITTED:

Submit to the **ADMISSIONS OFFICE:**

- WSCC application
- Official transcripts from all colleges previously attended
- Proof of high school graduation (transcripts) or GED certificate
- Documentation of completion of all required general education courses
- Proof of ACT score of 19 or higher
- Diagnostic Medical Sonography (DMS) declared as your Major

Submit to the **DMS PROGRAM DIRECTOR:**

- DMS Program Application
- Documentation of four (4) hours of observation
- Copy of transcripts from ALL colleges previously attended
- Proof of active/current AHA approved CPR (**Healthcare Provider**) certification

Submit to the **WSCC FINANCIAL AID** office:

- If seeking financial aid, submit FAFSA Application by June 1st deadline (www.fafsa.gov)
School Code: 007871

Upon acceptance all health science division students are required to have drug screenings and background check. Drug Policy and Background Check Policy are available for viewing online at www.wallacestate.edu.

* **All** information must be included for this packet to be complete. Any item of missing documentation will result in the application not being considered for admission. Information will not be accepted via fax - it must be delivered in person or via mail by the deadline date.

YOU SHOULD RETAIN COPIES OF THE APPLICATION PACKET YOU SUBMIT. If you reapply in the future, information will not be released from previous application packet.

NOTE: It is the responsibility of each applicant to ensure that the application is complete and that all information is on file. If application packet does not include all information listed above at the time it is submitted to the appropriate departments, it will be rejected.

You will be notified by mail if you are accepted into the program. As no information regarding individual admission status will be given via telephone, please do not call the Admissions or DMS departments to obtain your status. Letters will also be sent to individuals who are not accepted into the program.



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Please contact program staff (256-352-8318 or 8343) for any questions.

COPIES OF ALL COLLEGE TRANSCRIPTS MUST BE ATTACHED TO APPLICATION.

Prior to APPLICATION to the program, the following must be complete:

- Yes No WSCC college application submitted to Admissions.
- Yes No Student re-entry form submitted to Admissions. (For students who have not attended WSCC within the last 2 semesters)
- Yes No Official transcripts from all colleges previously attended submitted to WSCC Admissions
- Yes No Proof of high school graduation (transcripts) or GED certificate submitted to WSCC Admissions
- Yes No Official ACT score submitted to WSCC Admissions
- Yes No _____ (Your Initials) Reviewed WSCC Health Division Background Policy (<http://www.wallacestate.edu/programs/health.html>)
- Yes No _____ (Your Initials) Reviewed WSCC Health Division Drug Screening Policy (<http://www.wallacestate.edu/programs/health.html>)
- Yes No If seeking financial aid, submit FAFSA Application by June 1st deadline (www.fafsa.gov) — School Code: 007871

Date of Application _____ Plan to Enter Program Fall Semester (Year) _____

WSCC Student No. _____ Social Security No. _____

Full Name _____
 . Last Name First Name Middle Initial Maiden

Mailing Address _____

City _____ State _____ Zip _____

Personal Email Preferred _____

WSCC Email Preferred _____ Emergency Contact _____

Home Phone _____ Relationship _____

Cell Phone _____ Emergency Contact Phone _____

Work Phone _____ Emergency Contact Phone _____

Previous Education (Please attach copies of transcripts from all colleges previously attended - use reverse side for additional information)

Transcript Attached	College Name	City/State	Diploma or Degree	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

If you are applying to other allied health or nursing programs, please list in order of preference for admission:

1. _____ 2. _____ 3. _____

Have you completed a 2 year allied health patient care related program? Yes No Which field: _____

STUDENTS: PLEASE MARK THE HIGHEST GRADE ACHIEVED FOR EACH OF THE BELOW COURSES

Grade	Class	Credit Hours	Official Use	Reviewer Comments
	ORI 101	Orientation to College	1	
	ENG 101	English Composition I	3	
	HUM	Humanities/Fine Arts Elective	3	<input type="checkbox"/> Code 'A' Course Taken
	SPH 106	Fundamentals of Oral Comm.	3	
	MTH 100	Intermediate College Algebra	3	<input type="checkbox"/> Within 7 years of entry to program?
	BIO 201	Human Anatomy & Physiology I	4	<input type="checkbox"/> Within 7 years of entry to program?
	PHY 115	Technical Physics	4	<input type="checkbox"/> Within 7 years of entry to program?
	PSY 200	General Psychology	3	

- Yes No ACT SCORE _____ (19 minimum)
- Yes No Observation Total Hours (4 hours minimum) _____
- Yes No Copy of CPR card attached to application Yes No Healthcare Provider CPR Expiration Date: _____
- Yes No Copy of transcripts from ALL colleges previously attended attached to application.

This application expires June 2, 2012

Student Signature _____

Date _____

Mail completed application to:
 Diagnostic Medical Sonography Program
 Attn: Janet Money (#95)
 Wallace State Community College
 P. O. Box 2000, Hanceville, AL 35077-2000

For official use only:

Date Application Received: _____ Application Complete: Yes No

Application Reviewer's Initials: _____ Additional documentation required: _____



DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM Clinical Observation Documentation Form

Name of Applicant (Print Please) _____

WSCC Student # _____

The DMS program requires that applicants complete a minimum of four (4) quality hours in a Sonography Department. By quality experience we mean actual time spent observing sonographic procedures, not time spent observing department "down time". Credit should not be given for anything outside of patient care activities (i.e., lunch, secretarial duties, videos, etc.)

WSCC Sonography Staff requests that you dress appropriately for your "observation" visit. Nice business casual attire (dress slacks with a nice shirt/blouse) is recommended. A visit for observation may be denied by any sonography department based on what department personnel deem is inappropriate attire.

ATTENTION: An orientation session may be required at some sites prior to observation. Inquire with the observation site when you schedule your visit.

Hours of observation must be performed with an ARDMS/RT(S) registered Sonographer.

Date	Starting Time			Ending Time			No. of Hours	Name of Facility	Location (City, State)	Telephone No.	Signature of ARDMS/RT(S) Sonographer	Sonographer Registry #
	Hr	Min	AM/PM	Hr	Min	AM/PM						
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TOTAL HOURS _____

(This form may be reproduced as necessary to document hours of observation)

I certify that the hours listed above were performed by me. I understand that the WSCC Admissions Committee may verify this document for authenticity and realize that falsification of this document will result in my application to the DMS Program being withdrawn from consideration.

Applicant Signature

Date