



# WALLACE STATE HANCEVILLE

## Diagnostic Medical Sonography Program Application Checklist

**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

Submit to the DMS Program Director:

- \_\_\_\_\_ DMS program application
- \_\_\_\_\_ Documentation of four hours of observation
- \_\_\_\_\_ College transcripts (copy)
- \_\_\_\_\_ Proof of active/current AHA approved CPR (Healthcare Provider) certification
- \_\_\_\_\_ Upon acceptance into any Health Program at WSCC-Hanceville, students will be required to submit to drug testing. Drug Policy and Guidelines for Drug Testing of Health Profession Students are available for viewing online at wallacestate.edu If you need a copy mailed to you please call 256-352-8031. **The signed acknowledgment form below must be returned with your program application.**

An advisory session is suggested with the DMS Program staff prior to application deadline.

\*All information must be included for this packet to be complete. Any piece 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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**ACKNOWLEDGMENT OF RECEIPT OF DRUG AND ALCOHOL TESTING POLICY**

I certify that I have received a copy of Wallace State Community College's Drug Testing Policy and Guidelines. I have read and understand the requirements of the policy and guidelines.

\_\_\_\_\_ Date                      \_\_\_\_\_ Student Signature                      \_\_\_\_\_ Student Number                      \_\_\_\_\_ Student Name Printed

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(If student is a minor)



## DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION

Students will be accepted until June 15. Applications received after June 15 will be considered on a space available basis.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
Person to notify in Emergency: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (print clearly)

Have you completed a two year allied health patient care related program? \_\_\_\_\_ Which field?

Have you completed prerequisites for admission into the general DMS program? \_\_\_\_ Yes \_\_\_\_ No

If no, prerequisites needed at time of application

I plan to apply for entry into the DMS program Fall \_\_\_\_ (year).

ACT Score: \_\_\_\_\_

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### ATTACH SIGNED COPY OF ACKNOWLEDGMENT OF RECEIPT OF DRUG & ALCOHOL TESTING POLICY

Please call Program staff (256-352-8318 or 8343) for any questions.

\_\_\_\_\_  
Student Signature

#### Mail this form to:

Sonography Program Director  
Wallace State Community College  
P. O. Box 2000  
Hanceville, AL 35077-2000

For official use only:

Date Received: \_\_\_\_\_  
Official Initials: \_\_\_\_\_  
Application Complete \_\_\_\_ Yes \_\_\_\_ No

Additional Documentation Required:  
\_\_\_\_\_

