

**Diagnostic Medical Sonography**

**Application Instructions Packet**

Before applying to the Dallas College Diagnostic Medical Sonography (DMS) Program, one must:

* Read the current Program Information Packet
* Watch and Listen to the Updated Program Information Session
* Request access to the ***Secure Link*** to upload all application documents, by emailing: [AlliedHealthAdmissions@dcccd.edu](mailto:AlliedHealthAdmissions@dcccd.edu,ECC-Sonography@DallasCollege.edu?subject=DMS%20Program%20Application). Be sure to include:

“DMS Program Application” in the subject line.

Please note: Once the above items are complete, application steps are listed below. When naming documents for submission, which will be uploaded to the ***Secure Link*** as part of the program application, use the following file naming format:

Application Step # - Description – Student Last Name – First Initial – Semester

Sample File Name: *2-DMSProgramApplication-Carter-C-FA23*

**STEPS TO APPLY FOR DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**

1. **APPLICATION INFORMATION:**

Follow the instructions for submitting application documentation carefully. Incomplete applications will not be accepted.

Application documentation is due on 12/31/23. Late submissions will not be accepted.

Qualified Applicants will be notified by mid-February of 2024 if their application is complete. Qualified Applicants will proceed to the next step in the application process.

Individuals who receive an acceptance email must return a confirmation form within a specified timeframe to verify their space in the class.  Failure to return the confirmation form by the specified date or failure to attend the scheduled preregistration/orientation seminar for the accepted class will result in forfeiture of their space in that class.  **Notification emails are sent by April 1st.**

**Note: There** is no “waiting list” for the Diagnostic Medical Sonography Program. Application materials submitted during an official filing period are not “held over” to the next year’s official filing period.  Students who are not selected for admission to the Diagnostic Medical Sonography program or students who decline their acceptance may reapply again during next year’s filing period to be considered for a future admission opportunity.

1. **TRANSCRIPTS:**

Transcripts are not to be submitted here on the portal. All transcripts from colleges you have attended must be submitted to Dallas College to apply to the DMS program (even if you are not transferring credits). It is not necessary to submit Dallas College transcripts.

Transcripts must be submitted to: [studenttranscripts@dallascollege.edu](mailto:studenttranscripts@dallascollege.edu).

1. **DIAGNOSTIC MEDICAL SONOGRAPHY APPLICATION:**

Download application [DMS Application Fall 2023](https://dcccd-my.sharepoint.com/:w:/g/personal/mlj0002_dcccd_edu/EQEnnCyyyk9FqyPl5TIuuNIBNAKsXUKwFV9FmjkihhKTbg?e=Y1vPWt) Complete and sign application. UPLOAD completed application (as a pdf) to the ***Secure Link.***

1. **STATEMENT OF STUDENT’S RESPONSIBILITY:**

Download form [Statement of Student Responsibility](https://dcccd-my.sharepoint.com/:w:/g/personal/mlj0002_dcccd_edu/ERujsRq9rCZJluFTIZI57uMB28jlX8PXMJrwk-CbegaPTg?e=wt9jAZ), read thoroughly and initial each statement acknowledging that you have read and understand the content. Sign and Date the form. UPLOAD completed form to the ***Secure Link.***

1. **ACKNOWLEDGEMENT OF IMMUNIZATION, CPR & PHYSICAL EXAM REQUIREMENTS:**

Download the 3 attached forms. [Acknowledgement of Immunization Form](https://dcccd-my.sharepoint.com/:w:/g/personal/mlj0002_dcccd_edu/EUHaBWam_MJGn38iS0YwE5YB3uDUgrYxrWcXeIldK5_uSA?e=44LoDy), [Dallas College Clinical Site Vaccination Requirements Form](https://dcccd-my.sharepoint.com/:w:/g/personal/mlj0002_dcccd_edu/EUt_fwNN921GkhAtTKJppQ4Bib0TjftPRjQ_3BDrDo-SnQ?e=n8cnT9), [Student Self Certification Form](https://dcccd-my.sharepoint.com/:w:/g/personal/mlj0002_dcccd_edu/EeFkFqHfRHZFqhCg57ugTAoBd7p3Dequ-_OC2eFYzkM0CQ?e=sqanfc). Read each form carefully, complete, sign and date each form as applicable. UPLOAD the three (3) completed forms (as pdfs) to the ***Secure Link.***

1. **HESI A2 EXAM: t**

UPLOAD HESI test results for the five (5) required sections as one (1) pdf file to the ***Secure Link.***

All applicants to the Diagnostic Medical Sonography program must earn ***a minimum score of 70 of higher*** on the following five sections of the HESI A2 test:

**Reading Comprehension, Grammar, Vocabulary/General Knowledge, Math, and Anatomy/Physiology.**

Test scores are valid for **two years** from the date of testing to the application filing deadline date

1. **HEPATITIS B – IMMUNIZATION DOCUMENTATION**

UPLOAD the following Hep B documentation (as a pdf) to the ***Secure Link.***

Hepatitis B series (2 or 3 dose) (Hepatitis A/B combo series accepted) **AND**

Positive Hepatitis B Surface Antibody titer.  If Hep B vaccine documentation cannot be found, a positive titer will be sufficient.

If titer is negative or equivocal, series must be repeated, and a 2nd titer is drawn; upload results of both titers and vaccination proof.

1. **ADVANCED TECHNICAL CERTIFICATE – if applicable**

UPLOAD a completed Education Plan form (as a pdf) to the ***Secure Link.***

Verify eligibility to apply for the Advanced Technical Certificate by submitting an Educational Plan request to a Success Coach with documentation of healthcare degree including coursework in human anatomy and physiology, pharmacology, physics, pathophysiology, and college level math, or have coursework which includes that content.

1. **CATEGORY 1 ELIGIBILITY – APPLICANT DOCUMENTATION:**

PREFERRED: Upload a copy of your Health Professions Readiness I and II Skills Achievement Awards (as a pdf) to the ***Secure Link.***

If your Awards are unavailable, HPRS courses will be verified on your transcripts.

1. **CATEGORY 2 ELIGIBILITY – APPLICANT DOCUMENTATION:**

Upload documentation of Category 2 Applicant documentation to the ***Secure Link*** including all the following documents:

Completed Education Plan form if available (as a pdf).

Completed Prior Learning Assessment Portfolio documentation\* (as a pdf).

Health Care Worker documentation such as credentials, resume, job description, verification of job duties from current employer\*\* (as a pdf).

Category 2 Applicant Eligibility – Documentation of a minimum of two (2) years employment as a healthcare worker with direct patient care experience within the last five (5) years by successful completion of the Prior Learning Assessment Portfolio, programmatic assessment exams, or course work demonstrating the skills/knowledge encompassing the content of the six HPRS courses (a Category 2 may meet this requirement with a combination of Prior Learning Assessment Portfolio and HPRS courses)

**\*A photocopy of the Non-traditional Equivalent Credit Assessment form** signed by the HPRS Coordinator and Division Dean if credit for one or more HPRS courses was awarded through the prior Learning Assessment Portfolio process ***or*** if credit was awarded through a programmatic assessment exam. (See page 2 for details.)  If an applicant under Category 2 enrolled and completed one or more HPRS courses through traditional enrollment, the coursework will be verified on official transcripts and/or the advising report.

**\*\*Official letter from your place of employment** on original healthcare facility letterhead with the ink signature of your supervisor verifying your employment position, specific duties, and employment dates (minimum 2 years of direct patient care experience within the last 5 years)

1. **CATEGORY 3 ELIGIBILITY – APPLICANT DOCUMENTATION:**

Upload documentation of approved\* current professional healthcare credential (as a pdf) to the ***Secure Link.***

Verification authenticating the completion of the qualifying degree, or certificate, and required prerequisite courses will be made on official transcripts or another official document. Other documentation can be submitted as "Additional Documentation".

\*Approval is provided by DMS Program Director and must be received in advance of application.

**12.) 5 YEAR TIME LIMIT WAIVER on SCIT 1420/PHYS 1401 – if applicable:**

Upload waiver form if applicable (as a pdf) to the ***Secure Link.***

SCIT 1420 (Physics for Allied Health) or PHYS 1401 (College Physics I) must have been completed less than five years before the anticipated Health Sciences program start date.

5 Year Waiver Criteria

1. The applicant has **current work** experience in a healthcare setting utilizing their related physics knowledge.
2. The applicant has successfully completed **advanced courses** in a related physics area with a grade of “C” or higher.

Please contact your assigned Success Coach for additional assistance.

[5 Year Time Limit Waiver Petition](https://dcccd-my.sharepoint.com/:w:/g/personal/mlj0002_dcccd_edu/EUSZpM0CMKlKn5RbkOVUYP8BbfYoQShJr34GdfVthxBUGQ?e=0c2u7A)

**13.) Any Additional Documentation**

Additional documentation of the application requirements may be submitted to the ***Secure Link***, such as:

* Explanation of any particular application requirement to be considered as part of this application.
* Evidence for evaluation of BONUS points earned toward application.