LBW
COMMUNITY COLLEGE

DIAGNOSTIC MEDICAL SONOGRAPHY
Program Application Checklist

Applications will be accepted between May 1 and June 1
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**:

- ☐ LBWCC Admissions 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 (upon acceptance into DMS program)

Submit to the **DMS PROGRAM DIRECTOR**:

- ☐ LBWCC DMS Program Application
- ☐ Documentation of four (4) hours of observation signed by ARDMS/RT(S) registered sonographer
- ☐ **Unofficial** copy of transcripts from **all** colleges previously attended including LBWCC
- ☐ Proof of **ACT** score of **19** or higher
- ☐ Signed and Dated Handbook Verification Form
- ☐ 3 letters of reference
- ☐ Essay- (1 page minimum) "Why I want to be a Sonographer"

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

- ☐ If seeking financial aid, submit FAFSA Application by June 1st deadline (www.fafsa.gov) School Code: 008988

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

DIAGNOSTIC MEDICAL SONOGRAPHY APPLICATION

Applications will be accepted until June 1st.

Applications received after June 1st will be considered on a space available basis.

Please contact program staff @ 334-493-5345 or 5389 for any questions.

COPIES OF ALL COLLEGE TRANSCRIPTS MUST BE ATTACHED TO THIS APPLICATION

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

LBWCC Student No. _____ Social Security No. _____

Name _____

Last First Middle Maiden

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Emergency Contact _____

Cell Phone _____ Relationship _____

Work Phone _____ Emergency Contact Phone

Previous Education (Please attach copies of transcripts from all colleges previously attended.)

Transcript Attached	College Name	City/State	Diploma/Degree	Date
☐ Yes ☐No				
☐Yes ☐No				
☐Yes ☐No				

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

1 _____ 2 _____ 3 _____

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

STUDENTS PLEASE COMPLETE WITH THE HIGHEST GRADE ACHIEVED FOR THE FOLLOWING COURSES

Class	Credit Hours	Grade	Comments
ORI 101 Orientation to college	1		"Orientation will be waived for students who have earned an Associate Degree or higher."
ENG 101 English Composition I	3		
HUM Humanities/Fine Arts Elective	3		
MTH 100 Intermediate College Algebra	3		
BIO 201 Human Anatomy & Physiology I	4		
PHY 112 Principles of Physics	2		
PSY 200 General Psychology	3		

☐Yes☐No Observation Total Hours_____ (4 hours minimum) documentation of hours attached to this application.

☐Yes☐No Copy of ALL college transcripts (unofficial), including LBWCC, attached to this application.

☐Yes☐No ACT Composite Score_____ (19 minimum) -Proof of ACT score must be attached to this application.

☐Yes☐No Signed and dated Handbook Verification Form attached to this application.

☐Yes☐No 3 letters of reference attached to this application.

☐Yes☐No Essay-(1page minimum) "Why I want to be a Sonographer" attached to this application.

Signature: _____ **Date:** _____

Mail complete application to:
Diagnostic Medical Sonography Program
ATTN: Olivia Bush
Lurleen B. Wallace Community College
P. O. Drawer 910
Opp, Al 36467

For official use only:

Date Application Received:_____ Complete:☐Yes ☐ No

Application Reviewer's Initials: _____

Additional documentation required: _____

LBWCC Diagnostic Medical Sonography Program: Handbook Verification Affirmation and Release Form

I, _____, (print name) affirm that I:

Reviewed the DMS Student Handbook and Student Catalog/Student Handbook of LBWCC and agree to abide by its policies and procedures. I fully understand my rules/regulations and my responsibilities as a student.
_____Initials

Understand that I must have daily access to a computer (with audio/video/printer) and adequate internet.
_____Initials

Agree that neither the college nor any member of the sonography department is responsible for injuries, communicable diseases, infectious or viral diseases, or any adverse effects encountered while in the sonography lab or clinical setting.
_____Initials

Agree to maintain medical insurance for the duration of the program understanding that the college, sonography instructors, and clinical agencies are not responsible for any claims or expenses incurred while at a clinical site or at the campus lab.
_____Initials

Agree not to practice invasive procedures outside of the skills lab or clinical setting.
_____Initials

Agree to perform clinical facility orientations as specified prior to performance of clinical experiences.
_____Initials

Must rotate to various clinical sites as a DMS student as assigned by DMS Faculty. Will not receive monetary or other compensation for participation in the preceptorship course from either the institution or healthcare facility. Do not expect to be offered a job at the health care facility as a result of participation in a preceptorship course.
_____Initials

Understand that pregnancy is a condition and not an illness. All students must complete all courses required. Failure to disclose the fact that I am pregnancy to my instructors may result in failure of a clinical course. Some clinical sites require a disclaimer to be signed I practice in the surgical or radiology arena during pregnancy.
_____Initials

Will provide updated CPR, Health Statement, and immunization records prior to the beginning of the semester for which they fall due.
_____Initials

Understand that I will be required to undergo background screening/drug testing and untoward findings may result in termination from the program. Drug testing is required a minimum of every 12 months and randomly as requested.
_____Initials

Meet the essential functions with or without accommodations in order to fulfill the program requirements and perform in the clinical settings.
_____Initials

Student Signature:_____Date:_____

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DIAGNOSTIC MEDICAL SONOGRAPHY
Clinical Observation Documentation Form

Name of Applicant (Print Please)_____ LBWCC 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.)

LBWCC Sonography Staff requests that you dress appropriately for your "observation" visit. Nice business casual attire (dress slacks with a nice shirt/blouse) is recommended. Strong odors are not allowed in the healthcare setting (perfume, cigarettes, etc.). A visit for observation may be denied by any sonography department based on what department personnel deem is inappropriate attire.

ATTENTION: Clinical observation must be prescheduled with the site that you wish to visit. Any hospital, clinic, doctor's office etc. that has a registered sonographer can be used an observation site. Applicants are responsible for scheduling observation time. 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 Hr Min AM/PM	Ending Time Hr Min AM/PM	No. of Hours	Name of Facility	Location (City, State)	Telephone No.	Signature of ARDMS/RT(S) Sonographer	Sonographer Registry #
/ /	:	:						
/ /	:	:						
/ /	:	:						
/ /	:	:						

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 LBWCC 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