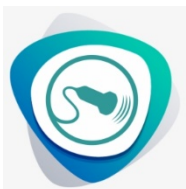


THIS IS NOT A DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION

The Program application is a SEPARATE FORM from this Requirements Checklist.

See an advisor to obtain a PROGRAM APPLICATION.



Diagnostic Medical Sonography PROGRAM REQUIREMENTS

Student must have **SUCCESSFULLY COMPLETED ALL REQUIREMENTS** listed below **PRIOR TO APPLYING** to the Diagnostic Medical Sonography program.

_____1 **Application Form:** For admission to the college, apply online at STLCC.edu.

_____2 **Degree Seeking Status**

_____a **Official College Transcripts** — An official transcript from **each** college attended must be sent directly from the college attended to **STLCC-Registrar's Office, 5600 Oakland Avenue, St. Louis, 63110** or email: **csr@stlcc.edu**. Hand carried or faxed transcripts will **NOT** be accepted. For more information on transferring credit to STLCC - <https://stlcc.edu/admissions/transfer-planning/transferring-credit-to-stlcc.aspx>

_____b **High School Transcript or GED**—required only for students with fewer than 15 hours of college level work or those who have satisfied the science requirements in high school. Current high school students must submit a final high school transcript before applying to the Diagnostic Medical Sonography Program.

_____3 **All applicants must be college graduates with a minimum of an Associate's Degree and a cumulative GPA of 3.0 or higher.**

_____a All documents from applicants with degrees from countries other than the U.S. and Canada must be in English. Foreign diplomas must be evaluated by a Foreign Transcript Evaluation Agency for degree equivalency and cumulative GPA and include a notarized translation.

_____b If English is not the applicant's first language, documentation of satisfactory TOFEL or Michigan scores taken within the past two years is required.

All applicants must have completed the following college-level course prerequisites with a grade of "C" or higher. The cumulative GPA for the math and science prerequisites must be 3.0 or higher. Each course to be taken *within five years prior to applying*. Credit by examination will be considered on an individual basis. Prerequisite courses may be retaken one time for a maximum total of two attempts over a five-year period.

_____ Science/Math GPA

_____4 **SCIENCE PREREQUISITE: Complete ALL of the following to meet the science prerequisite**

Human Anatomy and Physiology: full course sequence / two semesters of at least 8 credit hours.

- | | | |
|---------------------------------------|-------------|------------------|
| • BIO 207 Anatomy and Physiology I | Grade _____ | Year Taken _____ |
| • BIO 208 Anatomy and Physiology II | Grade _____ | Year Taken _____ |
| • Physics or Physical Science Lecture | Grade _____ | Year Taken _____ |

_____5 **MATH PREREQUISITE: Complete ONE of the following to meet the math prerequisite**

Students may take the math placement test and do not have to retake the math prerequisite if the score is 59 or higher in CLM.

- | | | |
|---|-------------|------------------|
| • MTH 160 Precalculus Algebra OR | Grade _____ | Year Taken _____ |
| • MTH 180 Introductory Statistics | Grade _____ | Year Taken _____ |

_____6 **MEDICAL TERMINOLOGY PREREQUISITE:**

- | | | |
|-------------------------------|-------------|------------------|
| • HIT 101 Medical Terminology | Grade _____ | Year Taken _____ |
|-------------------------------|-------------|------------------|

_____7 **ENGLISH PREREQUISITE:**

- | | | |
|---------------------------------|-------------|------------------|
| • ENG 101 English Composition I | Grade _____ | Year Taken _____ |
|---------------------------------|-------------|------------------|

_____8 **ORAL COMMUNICATION PREREQUISITE:**

- | | | |
|-------------------------------|-------------|------------------|
| • COM 101 Oral Communications | Grade _____ | Year Taken _____ |
|-------------------------------|-------------|------------------|

See page 2 for more Diagnostic Medical Sonography Requirements

Diagnostic Medical Sonography

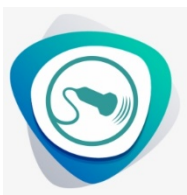
PROGRAM REQUIREMENTS CONTINUED

- _____9 **Job Shadowing:** All applicants must provide documentation of a minimum of four (4) hours of career shadowing in a Sonography department. The career shadowing documentation form must be submitted at the time of application. Form is at the end of this document.
- _____10 **Patient Care Setting:** All applicants must submit documentation of a minimum of 120 hours of experience in a patient care setting. This experience can consist of volunteer service within a hospital or nursing home environment. The healthcare setting documentation must be submitted at the time of application. Document is at the end of this document.
- _____11 **When the above criteria have been met, students must submit a separate Diagnostic Medical Sonography Program application, signed by an advisor at the Forest Park campus. The application will go to the Forest Park Admissions office and then it will go to the Program Coordinator. Mailed or faxed applications will **NOT** be accepted. See an Advisor to obtain Diagnostic Medical Sonography program application.**

NOTE: Admission and degree requirements are subject to change *without* advance notice.

ADMISSIONS PROCESS

- **Prior to application**, we recommend that you meet with an STLCC academic advisor. The advisor can help you plan your courses, clarify program requirements, and review your academic history as it relates to this program.
- Applications for the program are accepted on a continuing basis from eligible applicants. The program only accepts one class a year starting in the fall semester.
- Admission letters will be mailed by the first Friday in May. Eligible applicants not admitted due to space limitations will remain on the alternate list until classes begin in the fall semester.
- Eligible students not admitted in the fall class **MUST** reapply to the program by October 1 to maintain their Wait List position for the next entering class.
- There are no advanced placement options at this time.



Diagnostic Medical Sonography Program

DOCUMENTATION OF CAREER SHADOWING EXPERIENCE

Name of DMS Applicant _____

Student Number _____ Date of Observation _____

Institution _____

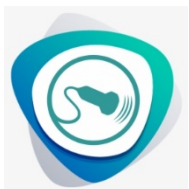
Supervising Sonographer _____

Phone Number _____ Number of Hours in Department _____

Sonographer Signature _____ Date _____

Please describe your observations, with emphasis on the tasks that sonographers perform.

Students who apply to the DMS Program are required to submit the observation/shadowing experience documentation at the time of application.



Diagnostic Medical Sonography Program

DOCUMENTATION OF EXPERIENCE IN HEALTHCARE SETTING

Name of DMS Applicant _____

Student Number _____

Dates of Experience _____

Institution _____

Name of Supervisor _____

Phone Number _____ Length of Experience _____

Supervisor Signature _____ Date _____

Please describe your experiences in a healthcare environment.

Students who apply to the DMS Program are required to submit the observation/shadowing experience documentation at the time of application.