



# ***DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM***

## ***GENERAL & VASCULAR CONCENTRATIONS***

### ***ADMISSION APPLICATION 2022 ENROLLMENT***

Applicant Name: \_\_\_\_\_  
Last First Middle Initial

#### **Criminal History Notice**

*The American Registry of Diagnostic Medical Sonography may deny eligibility to write the certification exam to individuals who have been convicted of a felony or a misdemeanor or who has or had a professional license suspended, revoked or surrendered for disciplinary reasons.*

#### **Non-Discrimination Statement**

*The Ascension St Vincent College of Health Professions provides equal opportunity to all applicants. The Program is selective in its admissions practices and evaluates applicants based on merit without discrimination on the basis of age, race, religion, creed, color, national origin, marital status, gender, disability, veteran status, sexual orientation, or any other legally protected status.*

***\* Applications will be accepted only between November 1 and January 31 \****

**PERSONAL HISTORY**

Name: \_\_\_\_\_  
Last First Middle Initial

Other name under which transcripts may be listed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Box # & Street Apt. #

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Resident Status**

1. Are you a United States citizen or permanent legal “green card” resident?

**AGE ATTESTATION**

2. Will you be 18 years or older on or before June 1 of the year you seek enrollment?

**Prior  
Application**

3. Have you applied to this program previously? Select your response from the drop-down list. If yes, most recent year applied?

**Criminal History**

4. Have you ever been convicted of or plead guilty to any felony or misdemeanor other than minor traffic violations? \*

**Professional Licensure**

5. Have you ever had a professional license or certification suspended or revoked for any reason? \*

*\* If you answered “YES” to questions 4 or 5, you must attach a detailed description and explanation of your conviction history and/or professional license/certification history. Include the relevant dates and the governing bodies associated with your conviction and/or suspension/revocation of your professional license/certification. Failure to fully disclose an adverse criminal history or professional license record disqualify you from admission consideration.*

**ACADEMIC DEGREE HISTORY**

*Official transcripts must be sent from each institution attended;  
List the most recent colleges first (use additional sheets if needed)*

Do you currently have **any** academic degree (associate, bachelors, masters, etc.)  
in **any** discipline?

If yes...

Degree \_\_\_\_\_

Institution: \_\_\_\_\_

Date earned: \_\_\_\_\_

If not, will you have earned **any** academic degree (associate, bachelors, masters, etc.)  
in **any** discipline by **June 1** of 2022?

If yes...

Degree \_\_\_\_\_

Institution: \_\_\_\_\_

Date to be earned: \_\_\_\_\_

**COLLEGES ATTENDED**

*\* If you are currently enrolled in classes, please include a current class schedule \**

College / School: \_\_\_\_\_

City & State \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major \_\_\_\_\_

College / School: \_\_\_\_\_

City & State \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major \_\_\_\_\_

College / School: \_\_\_\_\_

City & State \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major \_\_\_\_\_

College / School: \_\_\_\_\_

City & State \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major \_\_\_\_\_

## ADMISSION REQUIREMENTS

***Below is a summary of the academic requirements for the program. Complete the appropriate areas.***

To be accepted in the program, the applicant must meet the following requirements:

1. Be 18 years of age by June 1 of the year applying for enrollment.
2. Have a minimum college GPA of 2.50 (4.00 scale) on **all** college academic work.
3. Complete at least **3** credit hours in **Algebra, Statistics or Higher Mathematics** courses by **June 1** of the enrollment year.

Course Title	Course Number	Credits	College	Semester & Year
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4. Complete at least **3** credit hours in **Communication** courses by **June 1**\* of the enrollment year.

Course Title	Course Number	Credits	College	Semester & Year
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5. Complete at least **3** credit hours in **General Physics and/or Radiographic Physics** courses by **June 1** of the enrollment year.

Course Title	Course Number	Credits	College	Semester & Year
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6. Complete at least **5** credit hours in **Human Anatomy and Physiology** courses by **June 1** of the enrollment year.

Course Title	Course Number	Credits	College	Semester & Year
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Course Title	Course Number	Credits	College	Semester & Year
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7. Complete at least **1** credit hours in **Medical Terminology** courses by **June 1** of the enrollment year.

Course Title	Course Number	Credits	College	Semester & Year
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8. The above coursework must be from regionally-accredited institutions.

9. All of the above courses must be completed with a letter grade of "C" or better.
10. Complete a narrative essay that is signed and dated addressing the following:
  - a. Explain why you want to be a general and/or vascular sonographer
  - b. Describe what you believe are essential traits of a diagnostic medical sonographer
  - c. List and explain your long-term career goals

**EMPLOYMENT HISTORY**

*\* Please list the most recent first \**

Name of Company \_\_\_\_\_

Address (City, State & Zip) \_\_\_\_\_

Starting Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_

Briefly describe your job responsibilities \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Name of Company \_\_\_\_\_

Address (City, State & Zip) \_\_\_\_\_

Starting Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_

Briefly describe your job responsibilities \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Name of Company \_\_\_\_\_

Address (City, State & Zip) \_\_\_\_\_

Starting Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_

Briefly describe your job responsibilities \_\_\_\_\_

Reason for Termination \_\_\_\_\_

## ATTESTATION OF HIGH SCHOOL GRADUATION/GED

By my signature below, I state that I am a high school graduate or have completed by General Education Development (GED) test or graduated from the equivalent of a high school from another country.

### STATEMENT OF TRUTH

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for immediate removal from consideration of admission or dismissal from the program if already admitted. I authorize the employment references listed herein to release to you any and all pertinent information concerning my previous employment. I authorize the academic references listed herein to release to you any and all pertinent information concerning my previous enrollment in the institution. I further agree to release all parties from all liability from damage that may result from furnishing said information to you. I acknowledge that I have been made aware The American Registry for Diagnostic Medical Sonography may deny eligibility to take the certification exam for individuals who have been convicted of a felony or a misdemeanor or had a professional license or certification revoked or suspended. I further acknowledge I have reviewed information regarding the Essential Functions and Skills individuals need to possess to be successful in the Sonography Program and as sonographers online at [www.stvincent.org/education/sonography](http://www.stvincent.org/education/sonography).

Signed \_\_\_\_\_

Date \_\_\_\_\_

#### **Did you remember to:**

- Submit the completed and signed application by **January 31, 2022?**
- Submit the non-refundable **\$20** application fee by **January 31, 2022?**  
(Cash or credit cards are not to be accepted; checks are to be made payable to: **ASVCHP Sonography Program**)
- If currently enrolled in college, submit a current class schedule by **January 31, 2022?**
- Submit **official** transcripts from **all** colleges, vocational, technical or other academic institutions attended by **January 31, 2022?**
- Submit narrative essay that is signed and dated
- Mark your calendar to attend one mandatory Pre-Admission Conference  
(see [www.stvincent.org/sonography](http://www.stvincent.org/sonography) for dates and locations)

Send all application materials to:

**Ashlie Munchel**  
**Sonography Program Director**  
**Ascension St. Vincent Indianapolis Hospital**  
**2001 W. 86<sup>th</sup> Street**  
**Indianapolis, IN 46260**

**\* All application materials must be mailed or hand-delivered to the address above; application materials will not be accepted at any other location. Allow a minimum of ten days for materials to reach the program director after putting it in the mail.**

**\*\* Candidates are encouraged to submit their application materials as soon as possible.**