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| **Diagnostic Medical Sonography Program**  **Application for Admission** |

*Please email completed application and transcripts to* [*MLChambers@collin.edu*](mailto:MLChambers@collin.edu)*.*

***Application deadline is November 1st.***

**Demographic Information**

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| --- | --- | --- | --- |
| Date: | Date | CWID: | CWID |
| Name (Last, First, Middle): | Last Name | First Name | Middle Name - Optional |
| Other Names Used: | Maiden Name | Other Name | |
| Collin Email: | Collin Email | Personal Email: | Personal Email |
| Mailing Address: | Street, City, State, Zip Code | | |
| Phone Number: | Phone Number |

**Education and Employment History**

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| College(s) Attended: | Enter College Name(s) | | |  |
| Degree(s) Earned: | Enter Degree(s) | | Certificate(s) Earned: | Enter Certificate(s) |
| Have you applied to the Diagnostic Medical Sonography program or any other program at Collin within the last 5 years? | | | | Yes or No |
| If yes, which one? | Collin College program you applied to? | | | Accepted? Yes or No |
| Do you hold a healthcare certification? | Yes or No | If yes, list certification and expiration date:  Enter Certification and Expiration Date | | |
| Do you have a minimum of 1 year paid direct patient care experience? | Yes or No | If yes, please list position, practice/facility name, and contact information for employment verification:  Enter Position Held and Facility Name  Enter Contact Information for Employment Verification | | |
| Have you completed DMSO 1210? | Yes or No | If yes, list semester completed: Enter Semester and Year | | |
| Have you completed HPRS 1204 or a patient care course? | Yes or No | If yes, list course and semester completed: Enter Course, Semester, and Year | | |
| Have you completed HITT 1305 or a medical terminology course? | Yes or No | If yes, list course and semester completed: Enter Course, Semester, and Year | | |
| Have you completed BIOL1406 Biology for Science Majors? | Yes or No | If yes, list course and semester completed: Enter Course, Semester, and Year | | |
| Have you completed PSYC 2301 General Psychology (or equivalent) | Yes or No | If yes, list course and semester completed: Enter Course, Semester, and Year | | |
| Have you completed Humanities /a Fine Arts course | Yes or No | If yes, list course and semester completed: Enter Course, Semester, and Year | | |
| ­HESI Exam Date | Date Completed or Scheduled | | | |

**Prerequisites Courses**

***Indicate “IP” for courses in progress. Only the 1st or 2nd attempt of each course will be considered.***

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| BIOL 2401 Anatomy and Physiology I (within 5 years) | Enter Course, Semester, and Year |
| BIOL 2402 Anatomy and Physiology II (within 5 years) | Enter Course, Semester, and Year |
| ENGL 1301 Composition I (or equivalent) | Enter Course, Semester, and Year |
| MATH 1314 College Algebra (or equivalent) | Enter Course, Semester, and Year |
| PHYS 1405 Conceptual Physics (or equivalent) | Enter Course, Semester, and Year |
| DMSO 1210 (or equivalent) | Enter Course, Semester, and Year |

**Consents and Disclaimers**

**By signing below, I agree to the following conditions:**

The information given in this application is factual. I understand that knowingly submitting false information is subject to a penalty of removal from consideration for the program or expulsion from the program. I further authorize the Diagnostic Medical Sonography Program to obtain copies of my transcripts received by Collin College. I have read and agree to the terms in the Information Packet.

**Electronic Signature**: Legal name  **Date**: Click or tap to enter a date.

Collin College does not discriminate on the basis of race, color, religion, age, sex, national origin, disability or veteran status.