

# COLLEGE OF DUPAGE

## Diagnostic Medical Imaging Sonography ADVANCED CERTIFICATE PROGRAM

**Prior or anticipated completion of an AAS degree (from an accredited health education program), and current licensure in a health profession required prior to consideration.**

**Due to the high volume of qualified in-district applicants, 100 percent of the accepted applicants may be in-district residents – depending on Merit Score.**

**Please see page 2 for more information.**

### FALL 2025 ADMISSION

**NOTE: The DMIS Program is undergoing revisions.  
Please monitor this packet for updates and/or modifications**



**Application Deadline – May 5, 2025 by 5pm**

[www.cod.edu/sonography](http://www.cod.edu/sonography)

Program Chair: Melissa McKirdie, MS, RDMS, RVT [mckirdiem@cod.edu](mailto:mckirdiem@cod.edu)

**Note:** Please see specific program registration or admission packets for detailed information on when to begin completing health requirements, drug tests, CPR, criminal background checks and proof of insurance submission. Timing varies depending upon either entrance to or participation in the clinical component of a given program. Funds paid to Edward Corporate Health or to a personal health care provider/source, CastleBranch.com, insurance companies, and funds used towards CPR completion are not eligible for any sort of refund from College of DuPage if the required course(s) are not successfully completed and/or the applicant is not accepted into the program.

Students are not accepted into this program until they receive official acceptance letters from the College of DuPage Nursing & Health Sciences Division.

# DMIS ADVANCED CERTIFICATE PROGRAM

## Program Description/Introduction

Diagnostic Medical Sonography (Ultrasound) is a clinical discipline involving the use of equipment that produces sound waves that create images of human anatomy for medical interpretation and diagnosis by a radiologist. The Advanced Certificate program is designed to prepare students for entry-level positions in Sonography. Admission requirements are outlined in this packet. To be considered for Fall 2025 admission **all application materials must be received by the application deadline. NOTE: All prerequisite and general education courses must be completed by the end of the Spring semester that is prior to program start in Fall.**

## Mission Statement

The primary goal of the Diagnostic Medical Imaging Sonography (DMIS) Advanced Certificate Program is to provide students with didactic, laboratory, and clinical education/experiences in preparation for a health career as a Diagnostic Medical Imaging Sonographer. The graduate will demonstrate competency to meet certification requirements, deliver compassionate patient care, and function as an integral member of the health care team with competence and confidence. Program policies and procedures have been designed to meet or exceed those established by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon recommendation by the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS).

## Program Goals

1. “To prepare competent entry-level general sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”
2. Educate competent and compassionate sonographers capable of functioning as an entry level Sonographer within 18 months
3. Provide a complete, up-to-date competency-based curriculum
4. Prepare the student to think and act independently
5. Prepare the student for entry into the ever-changing sonography work environment
6. Prepare the student to achieve a satisfactory result on the American Registry of Diagnostic Medical Sonography (ARDMS) for Obstetrics/Gynecology, Abdomen/Superficial Structures, and Physics Instrumentation (SPI) examinations
7. Provide comprehensive student education to aid in student retention, course and program completion

## Policies and Procedures

All Nursing and Health Science Division policies and procedures are found on our [Division website](#). It is the students’ responsibility to ensure they have reviewed, understand, and will be able to abide by all policies and procedures. They include but are not limited to the following:

- Health Requirement Information (essential functions/technical standards for acceptance, drug testing, criminal background check, immunizations, etc.)
- Policy for Professional Conduct
- Statement on Transportation
- Prohibition of Discrimination and Harassment
- Student Diversity
- Student Email
- Statement on Medical Care and Health Insurance
- Statement on Medical Malpractice Insurance
- Citizenship/Visa Status

The Nursing and Health Science Division reserves the right to change, at any time, without notice, these policies and procedures.

## **Program Admission Preference**

Each program with out-of-district clinical sites (see list of participating programs below) may admit a maximum of 20% of out-of-district applicants to the program, based on merit. The 20% maximum policy would only apply to out-of-district applicants who do **not** have access to a particular program in the **community college district in which they reside**. Students coming from districts with a particular program within their district would only be considered if there were open seats after all qualified candidates from in-district and out-of-district without programs were accepted.

If there are insufficient numbers of qualified in-district applicants, the maximum percentage of out-of-district students accepted can be exceeded until the program achieves full enrollment, with the approval of the Dean of Nursing & Health Sciences.

- Computed Tomography
- Health Information Technology
- Magnetic Resonance Imaging Technology (MRI)
- Mammography
- Nuclear Medicine (DMIN)
- Nursing (ADN)
- Physical Therapist Assistant (PTA)
- Proton Therapy
- Radiation Therapy
- Radiography (DMIR)
- Respiratory Care
- Sonography (Ultrasound) DMIS
- Speech Language Pathology Assistant (SLPA)
- Surgical Technology

## **Priority for Admission**

- a. In-District applicants
- b. Out-of-District who are part of the [CAREER Consortium Agreement](#) (meaning your residing community college does not offer the particular program in which you are applying)
- c. Out-of-District applicants working full-time in-district (proof of in-district employment will be required each semester)
- d. Out-of-District applicants (who are not part of the CAREER Consortium Agreement) including those students with a joint or chargeback agreement and International students

## **Academic Success in the Sonography Advanced Certificate Program**

All students enrolled in the Sonography program must maintain a minimum of “C” or better in all DMIS courses in order to continue in the program. Receiving a “D” or “F” in any DMIS course will terminate the student’s continuation in the program. Students requesting readmission will need to reapply and are evaluated based upon the then current application requirements and ranked with all other applicants.

Upon successful completion of the program, the student is awarded a Certificate in Diagnostic Medical Imaging Sonography from College of DuPage. Sixty days prior to graduation students become eligible to take the American Registry of Diagnostic Medical Sonography (ARDMS) examinations in Obstetrics/Gynecology, Abdomen/Superficial Structures and SPI Physics. Graduates who successfully pass the SPI examination as well as a corresponding specialty examination (Obstetrics/Gynecology or Abdomen/Superficial Structures) will receive the national credential of Registered Diagnostic Medical Sonographer (RDMS).

## **Statement on Clinical Education**

The purpose of clinical education is to provide the student with necessary patient experiences where refinement of the use of theoretical principles learned in the didactic portion of the program can take place. Students will be required to rotate through multiple clinical education centers. Students will not replace members of the affiliated clinical staff; they will have the status of students. Students are not paid for clinical hours.

**Please be advised that the Sonography Advanced Certificate Program follows a rigorous curriculum requiring serious student memorization, practical application of theory, coursework, and transportation to/from class and clinicals. It is a full-time program. Taking personal time off (i.e. vacations) outside of scheduled breaks is not permitted and will affect program continuation.**

## Application Materials Checklist

**NOTE:** Admission Committees for Health Science programs have the right to deny admission to any applicant that they feel are unable to fulfill the essential functions and technical standards or abide by the policies and procedures as described within the provided links, and in this packet.

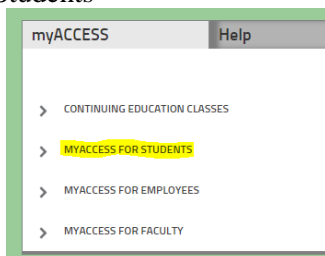
**\*It is the applicant's responsibility to ensure that all application requirements have been completed and received by the designated office, by the application deadline. You may email [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu) to confirm receipt of application materials.**

To be considered for admission follow the steps below. It is recommended you follow them **in order**:

- \_\_\_\_\_ 1. Attend a **Diagnostic Medical Imaging Sonography Advising Session**, or view the recording. Please click on the PDF link below as it contains upcoming dates/times that it will be held via ZOOM, as well as link to a recorded version. You do not need to register to attend/view.  
Here is a link to the [Advising Session PowerPoint](#).
- \_\_\_\_\_ 2. If you have not been admitted to College of DuPage, please complete the **non-refundable \$20 College of DuPage General Admissions Application** online. **This application is for general admission to College of DuPage only; it is not an application to the Health Career Selective Enrollment Advanced Certificate Sonography program.**
- \_\_\_\_\_ 3. To ensure that all of your eligible credits are evaluated towards the admission requirements, turn in **ALL** official Transcripts from institutions that you have attended. Immediately:
  - a. Submit your official transcript(s) to **College of DuPage, Office of Student Records**. *If College of DuPage is the only institution you have attended, you do not need to request official transcripts.*
  - b. Verify receipt of your transcript(s). Log into myACCESS account, click on 'myACCESS for Students', select '**My Profile**'. The receipt status of your transcript will be listed under '**Transcript Institutions**'.

NOTE: If you have an international transcript from high school or college, it must first be evaluated. Please visit the following website <https://cod.edu/records/international-transcript-evaluation.aspx> for details.

- \_\_\_\_\_ 4. **Schedule an appointment** with a **Health Program Advisor** by calling 630-942-2259. The Health Program Advisor will develop an Academic Plan to ensure you complete all prerequisites in the correct order. *Please be sure to discuss other application requirements, and an alternative plan (due to the competitive nature of admittance) during this appointment.*  
**NOTE: All prerequisite and general education courses must be completed by the end of Spring 2025 semester, preceding Fall 2025 admission.**
- \_\_\_\_\_ 5. Complete the **non-refundable \$50 Health Career Selective Enrollment Program Application** online by logging into the student portal at <https://inside.cod.edu>
  - Click on myACCESS for Students



- Click on the Health Careers Applications link



- Select Health Careers Application



- Select **Diagnostic Medical Imaging Sonography Certificate** when asked “What selective enrollment program are you applying to?”

**Once the application is submitted, you may not change the term or program. If you do not have a credit card, you can purchase a prepaid credit card from your local retailer**

- \_\_\_\_\_ 6. Complete the [College of DuPage Residency Verification form](#) and provide proof of residency to the Office of Student Registration Services by e-mailing to [registration@cod.edu](mailto:registration@cod.edu) by the program application deadline date.

**Note: If this residency requirement has not been submitted to Registration by the program application deadline date, you will not be considered for admission.**

The proof must demonstrate that the student lived at an in-district address for at least 30 days prior to the program application deadline date.

**Please note: Separate Residency Verification Forms must be submitted for each program application.**

- \_\_\_\_\_ 7. Completion of or anticipated completion (prior to program start) of a minimum AAS degree in an accredited health education program. Proof of AAS Degree completion needs to be provided to [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu) or prior to program start by sending to [mckirdiem@cod.edu](mailto:mckirdiem@cod.edu). Examples of health professions include but are not limited to the following:
- Radiographers
  - Nursing
  - Nuclear Medicine Technologists

- \_\_\_\_\_ 8. Hold current licensure and/or certification in respective health profession. **Copy of current card** MUST be submitted prior to application deadline and sent to [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu) or prior to program start to [mckirdiem@cod.edu](mailto:mckirdiem@cod.edu).

\_\_\_\_\_ 9. Provide documentation of experience working directly with patients in a healthcare setting (as a clinical student or employee). The letter provided must be on company letterhead, created by a supervisor at the facility, stating that a minimum of 450 hours were completed, within the last 3 years. This can be e-mailed from either the student or supervisor to [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu).

\_\_\_\_\_ 10. **Submit three (3) Recommendation Forms (pages 9-10)** from individuals who can attest to the applicant's work and/or academic ability. Forms completed by friends or relatives of the applicant are unacceptable. The enclosed form must be used according to the instructions on the form. **All recommendation forms need to be submitted after you have completed & submit the \$50 health Career application.** Recommendation Forms must be submitted e-mailed to [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu).

**NOTE: When e-mailing forms to [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu), the form **MUST** be submitted by the recommender. Submissions by the applicant will **not** be accepted.**

1. One copy of the form **must** be completed and mailed in by one of the applicant's college-level instructors
2. One copy of the form **must** be completed and mailed in by a healthcare related employer or Clinical Instructor
3. A third copy of the form needs to be completed and turned in by an additional college-level instructor or an employer/manager/supervisor of the applicant.

***“All application documents delivered to the College of DuPage pertaining to a health sciences admissions file become the property of the College of DuPage and will not be returned to the applicant. This includes but is not limited to transcripts, letters of recommendation, clinical evaluation forms or outside test reports.”***

***\*Applicants interested in reapplying will need to start over and resubmit all application items during the new application period. COD does not save application materials.***

***\*Application materials can be turned in anytime during the application period.***

## Admissions Process

The Sonography Advanced Certificate Program can admit only a limited number of students. The number of students selected is determined by the current availability of clinical sites and may vary from year to year. An Admissions Committee, consisting of DMIS faculty will oversee the selection process using a Merit Evaluation based upon admission requirements. **Students are admitted to the program according to Merit Evaluation scores and residency. Admission to the program is not a guarantee of completion of the program nor does it guarantee employment upon graduation.**

Letters of decision (accept, decline, alternate) are emailed to each applicant approximately 4 weeks after the application deadline. Accepted applicants must confirm their desire to accept via email within a two-week period. If no response is received, the next qualified student on the alternate list, according to Merit Evaluation rank order, will be offered acceptance into the program. Students re-applying are advised to contact the Sonography Program Chair to discuss ways to improve their score.

Requests for admission do **not** carry over to the following cycle. Applicants who were not accepted for the cycle in which they originally applied will need to pay the \$50 non-refundable Health Career application fee and submit any/all supporting documents again as listed on the Admissions Checklist of the Application Packet requirements (if applicable).

### PREREQUISITES:

The following courses need to be completed prior to the spring semester preceding fall admission. The applicant must have a minimum cumulative GPA of 3.00 out of 4.00 for these certificate related courses:

<b>COURSE #</b>	<b>COURSE TITLE</b>	<b>GRADE REQUIRED</b>
SPEECH 1100 or 1120	Fund. Speech or Small-Group Communication (or equiv.)	'B' or higher
ANAT 1500, 1552, <b>or</b> 1572	Anatomy and Physiology (or equiv.)	'B' or higher
HLTHS 1110	Biomedical Terminology (or equiv.)	'B' or higher
MATH	College-Level Algebra, Statistics, or Higher	'B' or higher
PHYSICS	General or Introductory Physics	'B' or higher

**\*Completion of additional prerequisite courses may be necessary to meet accreditation requirements (if not met with prior healthcare related education).**

# Diagnostic Medical Imaging Advanced Certificate Merit Evaluation

(Subject to Change)

For your reference only; admissions committee completes this form. Do not fill out and submit

**NAME:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Current Licensure and/or Certification in Health Profession	Yes or No (circle)
AAS Degree in Accredited Health Profession	Yes or No (circle)
Experience Letter	Yes or No (circle)
3 Recommendation Forms	Yes or No (circle)
Residency Verification Form	Yes or No (circle)
Post-secondary/college-level education courses in:	
Communication	Yes or No (circle)
Mathematics	Yes or No (circle)
Physics	Yes or No (circle)

Courses = Scale A

Anatomy and Physiology 1552 **OR** 1572 **OR** Equivalent (*Grade of 'B' or higher*) \_\_\_\_\_

**OR**  
Anatomy and Physiology 1500 or Equivalent (*Grade of 'B' or higher*) \_\_\_\_\_

DMIS 1105 Pathophysiology **OR** DMIR 2225 **OR** Equivalent (*Grade of 'B' or higher*) \_\_\_\_\_

HLTHS 1110 Biomedical Terminology **OR** Equivalent (*Grade of 'B' or higher*) \_\_\_\_\_

Forms = Scale B

Recommendation Form 1 (academic) \_\_\_\_\_

Recommendation Form 2 (healthcare employer/clinical instructor) \_\_\_\_\_

Recommendation Form 3 (academic/employer/clinical instructor) \_\_\_\_\_

Interview – up to 7 points possible \_\_\_\_\_

**Total Points** \_\_\_\_\_

<u>Scale A</u>	<u>Scale B</u>
A: = 4 points	Outstanding = 5 points
B: = 3 points	Very Highly = 4 points
C: = 0 points	Recommend = 0 points
D: = 0 points	With Reservations = 0 points
	Do not recommend = 0 points



**College of DuPage Sonography Advanced Certificate Program**  
**Student Recommendation Form**  
 (Must be received by the Nursing & Health Sciences Division prior to May 5, 2025 at 5pm)

**Section A: Must Be Completed By Applicant**

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

The Family Educational Rights and Privacy Act (PL 93-380) allows a candidate to waive his/her rights of access to recommendations written on his/her behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under the legislation, you have the option of signing a waiver.

Check one and sign: \_\_\_\_\_ I waive my right of access to this recommendation

\_\_\_\_\_ I do not waive my right of access to this recommendation

Applicant's Signature: \_\_\_\_\_

**\*Note to Applicant:** The evaluator needs to e-mail the form directly to [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu).

\*\*\*\*\*

**Section B: Must be completed by applicant's instructor or employer. Please proceed only if Section A has been completed and signed by the applicant.**

The above individual is applying for admission to the Diagnostic Medical Imaging Sonography Advanced Certificate Program. The DMIS program requires the completion of **three (3) recommendation forms**. One (1) must be completed by a college-level instructor of the applicant, one (1) must be completed by an employer/manager/supervisor, and the remaining form (1) needs to be completed by either an additional college-level instructor OR an employer/manager/supervisor of the applicant. **Recommendation forms completed by friends or relatives of the applicant are unacceptable.** Please rate the applicant on the following characteristics by checking the appropriate boxes.

	5	4	3	0	0	0
	Outstanding	Excellent	Good	Fair	Poor	Unable to Assess
Academic Ability						
Clinical Ability						
Written Language Skills						
Oral Language Skills						
Maturity						
Respect for Others						
Motivation						
Dependability						
Punctuality						
Critical Thinking						
Kinesthetic Awareness						
Leadership						

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? (i.e. instructor, clinical supervisor) \_\_\_\_\_

How well do you know the applicant? (Please check one): \_\_\_very well \_\_\_fairly well \_\_\_not very well

What do you feel are the applicant's strengths?

What do you feel are the applicant's weaknesses?

**Summary of Recommendation** (please check one)

- \_\_\_\_\_ Recommend as outstanding
- \_\_\_\_\_ Recommend very highly
- \_\_\_ Recommend
- \_\_\_\_\_ Recommend with reservation
- \_\_\_\_\_ Do not recommend

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Institution or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please e-mail the form to [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu).**

**The e-mail MUST come from the evaluator filling out the form on behalf of the student.**