

# COLLEGE OF DUPAGE

## Diagnostic Medical Imaging Sonography Associate Degree Program FALL 2024 ADMISSION

**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 pages 2-3 for more information.**

**NOTE: Please monitor this program admission packet for updates and/or modifications.**



**Application Deadline – May 6, 2024 by 5pm**

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

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

**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.

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

# ASSOCIATE IN SONOGRAPHY (AAS – DMIS)

## 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 and understand all policies and procedures. 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 this particular program in the **community college district in which they reside**. Students coming from districts with this 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

## 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 Sonography Degree Program is designed to prepare students for entry-level positions in Sonography. Admission requirements are outlined in this packet. To be considered for Fall 2024 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 the Fall.**

The program is full-time on campus and at hospitals.

**1<sup>st</sup> semester** = (2) 12-hour days/evenings on campus

**2<sup>nd</sup>-5<sup>th</sup> semesters** = (2) 8-12-hour days/evenings on campus AND (3) 8.5 hour shifts per week at a hospital (shifts can be days, nights or weekends – hospital decides)

**6<sup>th</sup> semester** = (3) 8.5 hour shifts a week at a hospital

## **Mission Statement**

The primary goal of the Diagnostic Medical Imaging in Sonography (DMIS) Associate Degree Program is to provide students with didactic, laboratory, and clinical education/experience 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. “To prepare competent entry-level vascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”
3. Educate competent and compassionate sonographers capable of functioning as an entry level Sonographer within 24 months
4. Provide a comprehensive competency-based curriculum
5. Prepare the student to think and act independently
6. Prepare the student for entry into the ever-changing sonography work environment
7. Prepare the student to achieve a satisfactory result on the American Registry of Diagnostic Medical Sonographers (ARDMS) board exams for Obstetrics/Gynecology, Abdomen/Superficial Structures, Physics Instrumentation (SPI) & Vascular Technology (RVT)
8. Provide comprehensive student education to aid in student retention, course, and program completion

## **Estimate of Program Cost**

Please visit the [Program Costs webpage](#) for estimated cost.

## **Academic Success in the AAS Sonography Degree 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 an Associate in Applied Science degree from College of DuPage. Sixty days prior to graduation, students become eligible to take the American Registry of Diagnostic Medical Sonographers (ARDMS) examinations in Physics (SPI), Obstetrics/Gynecology, Abdomen/Superficial Structures, and Vascular Technology. Students who successfully pass the Physics (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). Students who successfully complete the SPI examination and the Vascular Technology examination will earn the national credential Registered Vascular Technologist (RVT).

## **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 may be required to rotate through multiple clinical education sites. 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 AAS Sonography Degree 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 is unable to fulfill the essential functions as described in this packet.

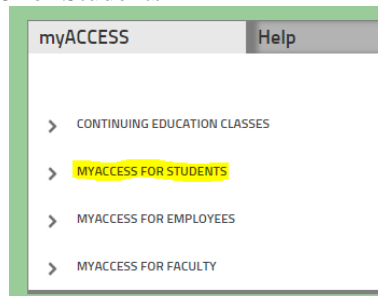
**\*It is the applicant's responsibility to ensure that all application requirements have been completed and received by the designated office, by the application deadline.**

To be considered for admission, an applicant must follow the below steps **in order**:

- \_\_\_\_\_ 1. Attend a highly recommended **Diagnostic Medical Imaging Sonography Advising Session**. Please click on the PDF link below as it contains upcoming dates/times that it will be held - via ZOOM. You do not need to register to attend. 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 AAS Sonography program.**
- \_\_\_\_\_ 3. To ensure that all eligible credits are evaluated towards the admission requirements, turn in **ALL** official transcripts from institutions that you have attended.
  - 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.

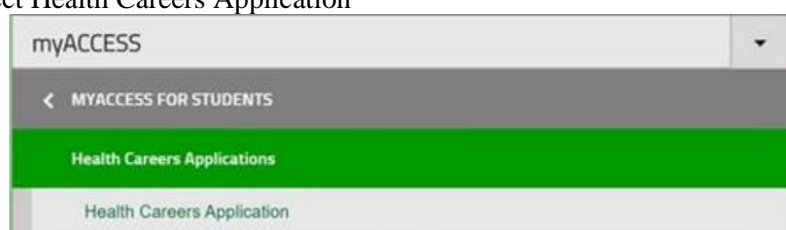
- \_\_\_\_\_ 4. **Schedule an appointment** with a **Health Program Advisor** by calling 630-942-2259. The Health Program Advisor will develop an Academic Plan to ensure you complete all prerequisites in the correct order. *Please be sure to discuss other application requirements during this appointment*  
\* Please see page 8 for a listing of required prerequisite/general education courses.
  - **NOTE: All prerequisite and general education courses must be completed by the end of Spring 2024 semester, preceding Fall 2024 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 Degree** 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. Provide documentation of experience working with patients in a healthcare setting (if you have relevant experience) or provide proof of experience working **directly** with others. Letter provided must be on company letterhead, created by a supervisor at the facility, stating that a minimum of 20 hours were completed, within the last 3 years. (The Service Learning Placement project in DMIS 1110 does not count for this requirement). This can be e-mailed from either the student or supervisor to [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu).
- \_\_\_\_\_ 7. Complete the [College of DuPage Residency Verification form](#) and provide proof of residency to the Office of Student Registration Services by e-mailing it 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. You MUST send from your @dupage.edu e-mail address.**

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.**

8. **(\*NOTE - Only those applying to this cycle (for Fall 2024 admission) should take the HESI exam. We may be transitioning to a different test starting next cycle - for Fall 2025 admission. Details TBA.)**

**Take the HESI Admission Assessment exam** at the Glen Ellyn Testing Center **prior to the application deadline**. Visit the [Testing Center webpage](#) register for upcoming test dates. The test will take approximately 4 hours to complete. Please plan accordingly.

Your first step towards taking the HP-HESI exam is to email the Testing Center at [academictesting@cod.edu](mailto:academictesting@cod.edu) for payment information. The Testing Office will then send you information on how to pay for the test. You will actually pay for the Evolve test. Within 2 business days, you will receive an email from the Testing Office on how to register for the test. For more information about the exam and how to prepare visit [Admission Assessment Exam Review book](#)

You will be tested in the following areas: *Reading Comprehension, Vocabulary & General Knowledge, Math, and Anatomy & Physiology*. You will also complete the Learning Style section, but this section will not be awarded any merit points. **A score of 50% or higher must be obtained on the Vocabulary & General Knowledge portion of the exam** to be considered eligible for admission. For more information about how merit points are awarded, please refer to the merit score evaluation sheet on page 9.

When applying to the Sonography program at College of DuPage, the HESI A2 exam can be taken up to a total of 2 times with at least a 30-day interval between the two exams. Any additional repeat exams are not accepted for a period of at least 3 calendar years. Students should register early due to limited seats per session. HESI A2 testing must be completed within two years of applying to the program in order for it to be valid for application purposes. **The most current exam scores will be used on the merit evaluation**. Applicants are able to sign into their HESI account to review their results at any time.

9. **Submit three (3) Recommendation Forms (pages 10-11)**, 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 & submitted the \$50 health Career application**. Recommendation Forms must be 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 evaluator. Submissions by the applicant will not be accepted.**

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

10. You will be contacted via COD email by the Sonography Admissions Committee for an interview after most of your application materials have been submitted. Interviews are not handled by the Nursing & Health Sciences Division. Interviews start in April/May. It is the applicant's responsibility to monitor their COD email for communications from the college during the application period.

***"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 re-applying will need to start over and resubmit all application items during the new application cycle. COD does not save application materials.***

## **Admissions Process**

The AAS Sonography Degree Program can admit only a limited number of students. The number of students 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 mailed to each applicant approximately 4 weeks after the application deadline. Accepted applicants must confirm their desire to accept in writing (on a provided form) 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 a Sonography faculty member to review their file early to see if they can improve their score in any way.

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).



## GENERAL EDUCATION CORE

### **PREREQUISITES:**

The required **minimum** core courses are as follows:

| <b>COURSE #</b>   | <b>COURSE TITLE</b>   | <b>GRADE REQUIRED</b> |
|---|---|-----------------------|
| ENGLISH 1101  | English Composition I   | “C” or higher         |
| SPEECH 1100 or 1120<br>(or equivalent)  | Fund. Speech Communication<br>Small-Group Communication       | “C” or higher         |
| A&P 1552 or 1572*   | Human Anatomy & Physiology II<br>or Human A&P with Cadaver II | ‘B’ or higher         |
| <b><i>*Prerequisite: A&amp;P 1551 or 1571 with a grade of ‘B’ or higher</i></b> |   |                       |
| HUMANITIES  | Any Humanities Course (SURGT 1000 recommended)                | ‘C’ or higher         |
| PSYCH 1100 (or equivalent)  | General Psychology  | ‘C’ or higher         |
| HLTHS 1110  | Biomedical Terminology  | ‘B’ or higher         |
| MATH 1120   | Mathematical Foundations for DMIS                             | ‘B’ or higher         |
| <b><u>OR</u></b>  |   |                       |
| *Algebra/Statistics/or higher   | <b><u>AND</u></b> Gen. Physics or Radiographic Physics        | ‘B’ or higher         |
| DMIS 1110   | Basic Patient Care Skills for Sonographers                    | ‘B’ or higher         |
| DMIS 1105   | Intro to Pathophysiology for Sonographers                     | ‘B’ or higher         |

For those utilizing Financial Aid -

\*Please note that financial aid will not cover Algebra/Statistics/or higher AND Gen. Physics or Radiographic Physics when taken instead of MATH 1120.

If you wish to take ANAT 1552 or 1572 AND DMIS 1105 Pathophysiology for Sonographers concurrently (at the same time), a permit is required to register so please follow below registration directions:

1. Request a permit in Inside COD MyAccess
2. Go to [inside.cod.edu](https://inside.cod.edu) - log in and select ‘Registration’ and then ‘Request a Permit’
3. Identify which semester (fall or spring) and which section of DMIS 1105 Pathophysiology for Sonographers you wish to register. See the COD Class Schedule in MyAccess for specific course information.

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

### **CATALOG INFORMATION FOR AAS:**

<https://catalog.cod.edu/programs-study/diagnostic-medical-imaging-sonography/diagnostic-medical-imaging-sonography-aas/>



# Diagnostic Medical Imaging Sonography Associate Degree

## Merit Evaluation

(Subject to Change)

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

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

|                             |                    |
|-----------------------------|--------------------|
| HESI Exam                   | Yes or No (circle) |
| Experience Letter           | Yes or No (circle) |
| 3 Recommendation Forms      | Yes or No (circle) |
| Residency Verification Form | Yes or No (circle) |

Anatomy and Physiology 1552 or 1572 (Scale A) \_\_\_\_\_

DMIS 1105 Pathophysiology (Scale A) \_\_\_\_\_

DMIS 1110 Basic Patient Care (Scale A) \_\_\_\_\_

HLTHS 1110 (Scale A) \_\_\_\_\_

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

Recommendation Form 2 (employer) (Scale B) \_\_\_\_\_

Recommendation Form 3 (Scale B) \_\_\_\_\_

HESI A2 Score – 8 Total Points (4 Sections Considered) \_\_\_\_\_

### Scores will be taken from the most current exam only

Anatomy & Physiology, Math, Reading Comprehension and Vocabulary

Score >75% = 2 point

Score 50-74% = 1 point

Score <50% = 0 points

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 AAS Degree Program  
Student Recommendation Form**

(Must be e-mailed to [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu) by May 6, 2024 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: \_\_\_\_\_

\*\*\*\*\*

**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 AAS Degree 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)

|                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | very well     |
| <input type="checkbox"/> | fairly well   |
| <input type="checkbox"/> | 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)

|                          |                            |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Recommend as outstanding   |
| <input type="checkbox"/> | Recommend very highly      |
| <input type="checkbox"/> | Recommend                  |
| <input type="checkbox"/> | Recommend with reservation |
| <input type="checkbox"/> | 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.