DARTON COLLEGE
ALLIED HEALTH

DIAGNOSTIC MEDICAL
SONOGRAPHY PROGRAM

SCAN THE FUTURE

APPLICATION PACKET

REVISED NOVEMBER 22,04
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Darton College Catalog and Handbook

Web Sites about Ultrasound
Dear Prospective Student:

I welcome your interest in the Diagnostic Medical Sonography Program. As a sonographer (ultrasound technologist) you will use the technical skills and knowledge obtained throughout this program to assist in the diagnosis of a patient’s medical condition. You will work closely with physicians, other technologists, nurses, laboratory personnel, and a variety of hospital staff to achieve optimal care for your patient.

As an ultrasonographer you will use equipment that combines computer technology while also producing high frequency sound waves to collect images for diagnostic content. The knowledge gained through this program will allow you to evaluate the images you have collected to provide the physician with the information he or she will need for an accurate interpretation. You will be able to recognize the normal size, location and echo texture of numerous organs, vessels, and cavities as well as abnormalities and disease processes. Ultrasonographers are medical detectives on the trail of a diagnosis.

Ultrasound patients can vary from infants and children to adults both young and elderly. This variation, along with the numerous ultrasound exams you will learn to perform, will keep you enthralled with your chosen profession.

The Associate of Science Degree in Diagnostic Medical Sonography at Darton College is a 6 semester program. Upon completion of this program you will be eligible to sit for examinations in ultrasound physics and instrumentation along with specialty examinations administered by the American Registry of Diagnostic Medical Sonography. Candidates for certification by the ARDMS, who have ever been convicted of, found guilty of or pleaded nolo contendere to any crime or misdemeanor directly related to public health and safety must submit information to the ARDMS to determine eligibility for certification. Additional information may be obtained through the DMS program faculty. The Commission on Accreditation of Allied Health Education Programs accredits Diagnostic Medical Sonography Programs upon the recommendation of the Joint Review Committee on Education in Diagnostic Medical Sonography. We are in the initial phase of this accreditation.

The Bureau of Labor and Statistics reports a growth rate of above average for Diagnostic Medical Sonographers through the year 2012. Sonographers
routinely find jobs at hospitals, physician offices, and mobile facilities, traveling temporary service companies, veterinary facilities, and educational institutions and as application specialists for ultrasound equipment companies. The median annual earnings for sonographers were $48,660 in 2002. A beginning salary range of $30,000 - $34,000 annually for sonographers in this area is likely. Salaries above this amount are based upon the number of registries earned.

If you are interested in applying to the Diagnostic Medical Sonography Program, please read and complete the attached packet. After completion of this application packet, please call the office at (229) 430-6986 and make an appointment to return it to the DMS office (Room 249 J Building).

Sincerely,

Carol Warren, R.T. (R) RDMS
Director of the Diagnostic Medical Sonography Program
Allied Health Division
2400 Gillionville Rd.
Albany, GA 31707-3098
Telephone (229) 430-6986
Room 249 J Building
Fax (229) 430-6910
E-mail: warrenc@darton.edu
DARTON COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY
PROGRAM

MISSION STATEMENT

To instill in our students a high degree of personal integrity along with the technical skills, confidence and knowledge needed to fulfill their personal goals as well as benefit the community in which they are employed.

To be the preferred program in this area for the preparation of the skilled, professional and compassionate sonographers with a commitment to the highest quality patient care.

To provide a curriculum that is continually reviewed and revised according to advances in technological research and national registration.

Strive to focus and promote the concepts of leadership, critical thinking, team work, professionalism and patient/community education in the classroom and clinical facilities.

Strive for increased community awareness regarding the profession of Diagnostic Medical Sonography through recruitment and activities of community service within our scope of practice.

To fulfill the community needs with continuing education for the registered sonographers in this area.
DARTON COLLEGE
AN EQUAL EMPLOYMENT AND
EDUCATIONAL OPPORTUNITY
INSTITUTION

Darton College, in compliance with Federal law, does not discriminate on the basis of race, color, national origin, disability, sex, religion, or age in any of its policies, practices or procedures this includes but is not limited to admissions, employment, financial aid and educational services.

THINGS TO THINK ABOUT BEFORE APPLYING TO THE DMS PROGRAM

1. Clinical sites are as far away as Valdosta, GA.
2. You must provide your own dependable transportation to and from clinical sites.
3. You may experience occupational exposure to blood and other potentially infectious material.
4. There will be frequent physical activities such as:
   - Crouching while positioning patients and stocking supplies.
   - Repetitive motions such as entering computer data.
   - Grasping while positioning patients for exams and procedures.
   - Pushing patients while transporting them by wheelchair, bed or stretcher.
   - Pulling patients while moving them from wheelchairs, stretchers or beds.
   - Lifting patients from wheelchairs, stretchers or beds.
5. There will be constant stooping, reaching, standing, walking, talking, hearing and tactile discrimination.
6. Visually you must be able to assess sonograms to be able to determine quality. You will be required to read and respond to charts, physician orders and other written documents. There will be constant visualizing of computer screens.
7. Students must be able to follow protocols.
8. Students must maintain confidentiality according to HIPAA guidelines.
9. Students must be able to perform and adapt to emergency situations.
10. Students must maintain a high standard of courtesy and cooperation in dealing with co-workers, patients and visitors despite the stress of a hospital work environment.
CURRICULUM: ASSOCIATE OF SCIENCE WITH CONCENTRATION IN DIAGNOSTIC MEDICAL SONOGRAPHY

**PRE-DMSP COURSE WORK**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHSC 1011K</td>
<td>INTRODUCTION TO PHYSICAL SCIENCE I</td>
<td>(3-2-4) 4</td>
</tr>
<tr>
<td></td>
<td>OR ANY COLLEGE PHYSICS</td>
<td></td>
</tr>
<tr>
<td>MATH 1111</td>
<td>COLLEGE ALGEBRA</td>
<td>(3-0-3) 3</td>
</tr>
<tr>
<td>BIOL 1100</td>
<td>ANATOMY AND PHYSIOLOGY FOR THE HEALTHCARE PROVIDER</td>
<td>(3-3-4) 4</td>
</tr>
<tr>
<td></td>
<td>(This course does not transfer)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR ANATOMY AND PHYSIOLOGY I AND II</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BIOL 1111K AND BIOL 1112K MAY BE TAKEN IN LIEU OF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BIOL 1100K</td>
<td>(3-4-3) 4</td>
</tr>
<tr>
<td>ALHE 1120</td>
<td>MEDICAL TERMINOLOGY</td>
<td>(1-0-1) 1</td>
</tr>
<tr>
<td>ENGL 1101</td>
<td>ENGLISH COMPOSITION I</td>
<td>(3-0-3) 3</td>
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</tbody>
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**FRESHMAN/SPRING SEMESTER**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMSP 1101</td>
<td>INTRODUCTION TO DIAGNOSTIC MEDICAL SONOGRAPHY</td>
<td>(1-3-2) 2</td>
</tr>
<tr>
<td>PSYC 1101</td>
<td>GENERAL PSYCHOLOGY</td>
<td>(3-0-3) 3</td>
</tr>
<tr>
<td>ALHE 1115</td>
<td>CLINICAL PROFESSIONALISM</td>
<td>(0-3-1) 1</td>
</tr>
<tr>
<td>ENGL 1102</td>
<td>ENGLISH COMPOSITION II</td>
<td>(3-0-3) 3</td>
</tr>
<tr>
<td>COMM 1110</td>
<td>PUBLIC SPEAKING</td>
<td>(3-0-3) 3</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>COMM 1100</td>
<td>HUMAN COMMUNICATIONS</td>
<td>(3-0-3) 3</td>
</tr>
</tbody>
</table>

**SUMMER SEMESTER**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMSP 1103</td>
<td>OBSTETRICAL ULTRASOUND I</td>
<td>(2-3-3) 3</td>
</tr>
<tr>
<td>DMSP 1102</td>
<td>ABDOMEN ULTRASOUND I</td>
<td>(2-3-3) 3</td>
</tr>
<tr>
<td>DMSP 1104</td>
<td>PELVIC ULTRASOUND</td>
<td>(2-3-3) 3</td>
</tr>
<tr>
<td>DMSP 1105</td>
<td>CLINICAL OBSERVATIONS</td>
<td>(0-16-2) 2</td>
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</table>

Total Credits 38
### SOPHMORE YEAR/ FALL SEMESTER

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMSP 2111</td>
<td>ABDOMEN ULTRASOUND II</td>
<td>(3-0-3) 3</td>
</tr>
<tr>
<td>DMSP 2112</td>
<td>OBSTETRICAL ULTRASOUND II</td>
<td>(3-0-3) 3</td>
</tr>
<tr>
<td>CVTE 1118</td>
<td>PHYSICS OF ULTRASOUND</td>
<td>(1-0-1) 1</td>
</tr>
<tr>
<td>DMSP 2113</td>
<td>CINICAL OBSERVATION AND PRACTICUM I</td>
<td>(0-24-2) 2</td>
</tr>
<tr>
<td>HIST 2111</td>
<td>US HISTORY THROUGH 1877</td>
<td>(3-0-3) 3</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIST 2112</td>
<td>US HISTORY AFTER 1877 (3-0-3) 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>12</strong></td>
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</table>

### SPRING SEMESTER

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLS 1101</td>
<td>AMERICAN GOVERNMENT IN WORLD PERSPECTIVE</td>
<td>(3-0-3) 3</td>
</tr>
<tr>
<td>DMSP 2114</td>
<td>NEUROSONOLOGY AND THE SPINAL CORD</td>
<td>(3-0-3) 3</td>
</tr>
<tr>
<td>DMSP 2115</td>
<td>SUPERFICIAL STRUCTURES AND INVASIVE PROCEDURES</td>
<td>(3-3-4) 4</td>
</tr>
<tr>
<td>DMSP 2116</td>
<td>CLINICAL OBSERVATIONS AND PRACTICUM II</td>
<td>(0-24-2) 2</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

### SUMMER SEMESTER

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMSP 2117</td>
<td>ULTRASOUND IN REVIEW</td>
<td>(1-6-3) 3</td>
</tr>
<tr>
<td>HITE 2400</td>
<td>FUNDAMENTALS OF MEDICAL SCIENCE</td>
<td>(2-2-3) 3</td>
</tr>
<tr>
<td>DMSP 2118</td>
<td>CLINICAL OBSERVATION AND PRACTICUM III</td>
<td>(0-24-2) 2</td>
</tr>
<tr>
<td>PHED</td>
<td>TO SATISFY THE FITNESS COMPETENCY REQUIREMENT FOR GRADUATION, CHOOSE A TWO CREDIT COURSE OR TWO/ONE CREDIT COURSES FROM THE DARTON COLLEGE CATALOG</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

Total Credits 34

PROGRAM TOTAL CREDITS 72

* Perquisite courses requiring a grade of “C” or better to be accepted into the Diagnostic Medical Sonography Program.

All DMSP courses and CVTE 1118 require a grade of “C or better to progress through the program.
PROJECTED COSTS

1. Darton College application fee is a non-refundable $20.00.
2. Georgia state resident per semester with 12 credit hours or more $699.00. Less than 12 credit hours $59.00 per semester hour.
3. Non-resident fee (this is in addition to all other fees). 12 or more semester hours $2,796. Less than 12 hours $233.00 per semester hour.
4. Late registration fee $25.00. See Catalog for further information.
5. Laboratory fee is $10.00 for classes such as Biology, Chemistry, Physical Science or Physics.
6. Information Technology fee $38.00 (see catalog for explanation).
7. Student services fee: $40.00 per semester
8. Books: Full time students can expect to pay $350.00 for books and supplies for one semester. It is estimated that the books for all the DMS classes will be less than $800.00.
9. Uniforms are required for clinical rotations. Uniforms will consist of scrub pants, a scrub shirt, white lab coat and white shoes. Estimated cost for one uniform is $30.00 and one lab coat is $25.00.
10. A patch must be worn on the right sleeve of your lab coat or on the right sleeve of your uniform top. Estimated cost for one patch is $5.00 or less.
11. A name tag must also be worn and may be purchased for $10.00 or less.
12. Professional liability insurance is needed before starting clinical rotations and is made available through Darton College at $17.50 per year. This will figured in when you register for your first clinical rotation class.
13. It is highly recommended that students join the Society of Diagnostic Medical Sonographers to enhance professional development. This is an annual fee for students of $40.00.
14. Returned checks fee: $15.00 per check or 5% of the check amount which ever is higher.
15. Graduation fee: $35.00 this is due when the student applies for graduation, usually at the beginning of the semester in which graduation is anticipated.
16. There will be the cost of traveling to clinical rotation sites. There may also be the cost for lodging if a site is located far away and student wishes to stay in that area and not commute.
17. CPR for the health professional is required before beginning clinical rotations. This course is made available through Darton College at a cost of no more than $5.00.
18. There may be a cost for the Hepatitis vaccine/TB screening needed for clinical rotations.
19. There may be a cost from your physician or other medical professional for your Medical Screening.
20. It is highly recommended that students carry health insurance in case of injury or illness.

These costs are merely estimates using the most current information available.
STUDENT FINANCIAL AID

There are several financial aid programs that Darton College has available. These programs include grants, scholarships, loans and employment opportunities.

To be considered for any type of financial aid an applicant must:
(1) Be admitted as a regular student.
(2) Complete the free application for Federal Student Aid (FAFSA).

Students must complete the institutional application in addition to the FAFSA to be considered for federal or state aid. Financial aid awards are made on a rolling basis throughout the year. Students must re-apply each year to determine continuing eligibility.

More information about financial aid can be found in the Darton College Catalog. You may also call the financial aid office at (229) 430-6746.

Sumter Hospital in Americus, GA offers a work for education program. Contact Human Resources at (229) 924-6011 for further information.

SOWEGA- AHEC offers a Health Careers Scholarship please contact them at: SOWEGA- AHEC 1512 W. Third Avenue Albany, Ga. 31707 (229) 439-7185

The internet is an excellent source of information on ultrasound scholarships. Here is a list of several web sites containing information on ultrasound scholarships:
www.wfumb.org
www.gmsp.org
www.careerzone.torrenet.com
www.sdms.org Three scholarships are available the Trudy Dubinsky Memorial, General and Presidential.
APPLICATION DEADLINE
Completed application forms must be RECEIVED NO LATER THAN JUNE 1st, of each year. The application is completed only when all the information requested is received. Students are responsible for making sure their application is complete.

PROCEDURES AND REQUIREMENTS FOR ADMISSION TO THE DMS PROGRAM

1. Meet all of Darton College’s acceptance requirements.

2. Overall GPA of 2.5 or greater on a 4.0 scale or a minimum of 19 on the ACT.

3. Completion of a DMSP application.

4. Application deadline is June 1st every year.

5. Submit 3 recommendation forms.

6. Completion of the following pre-DMSP course requirements with a grade of “C” or better before B-Term Summer Semester begins.
   1. College Algebra
   2. English I
   3. Medical Terminology
   4. Introduction to Physical Science I or any College Physics course
   5. Anatomy and Physiology for the Health Care Provider (be aware this course may not transfer).

   Anatomy and Physiology I and II may be taken in lieu of Anatomy and Physiology for the Health Care Provider.

   Students that have chosen to take Anatomy and Physiology I and II may be accepted with the following conditions:

   Complete Anatomy and Physiology I and II with a grade of “C” or better before the application deadline.
Complete Anatomy and Physiology I with a grade of “C” or better before the application deadline with the condition that Anatomy and Physiology II will be completed before the Freshman Spring Semester with a grade of “C” or better. Failure to complete this course in the designated time frame or failure to complete this course with a grade of “C” or better will disqualify the student and an alternate will be chosen.

OR

Completion of a JRCERT accredited two or four year Radiologic Technology Program. Completion of requirements 1-5 along with the following pre-DMSP courses completed before the Freshman Spring Semester begins.

While the DMS Program will accept courses from a Radiologic Technology Program they are for selection purposes only (unless they are accepted as College transferable). An official transcript must be sent to the DMSP office (as well as the Darton College Admissions Office if they are to be considered for transfer).

Acceptance based upon this criterion requires that the student must complete the following pre-DMSP course work before the Freshman Spring Semester with a grade of “C” or better. Failure to complete these courses in the designated time frame or failure to complete these courses with a grade of “C” or better will disqualify the student and an alternate will be chosen.

To accept a pre-DMSP course for selection purposes from a Radiologic Technology Program the student must have the same or a compatible course as part of their curriculum.

1. College Algebra
2. English I
3. Medical Terminology
4. Introduction to Physical Science I or any College Physics course.
5. Anatomy and Physiology for the Health Care Provider (be aware this course may not transfer).

Anatomy and Physiology I and II may be taken in lieu of Anatomy and Physiology for the Health Care Provider.

Students that have chosen to take Anatomy and Physiology I and II may be accepted with the following conditions:
Completion of Anatomy and Physiology I and II with a grade of “C” or better before the application deadline.

Completion of Anatomy and Physiology I with a grade of “C” or better before the application deadline with the condition that Anatomy and Physiology II will be completed before the Freshman Spring Semester with a grade of “C” or better. Failure to complete this course in the designated time frame or failure to complete this course with a grade of “C” or better will disqualify the student and an alternate will be chosen.

SELECTION PROCESS

Due to limited clinical placements we are accepting 11 students and three alternates at this time.

Points in the selection process will awarded as follows:

1. 65 points per recommendation form (3 are required).
2. The combined GPA of the pre-DMSP courses. Students admitted under the Radiologic Technology guidelines will be given points for all pre-DMSP comparable course work taken during their program. However these courses and grades must be documented by an official transcript sent to the DMSP office. If the Radiologic Technology student has completed pre-DMSP courses at Darton College those grades will be used during the selection.

Consideration may be given to those students that have:

1. Provided documentation of a degree in an Allied Health Field, Science or Biology.
2. Provided documentation of a certificate in a health area.
3. Provided documentation of work experience in a health care environment
   Documentation of work experience:
   1. Must be on company letter head.
   2. A minimum of 6 months work experience.
   3. Provide a description of job duties that demonstrate hands on patient experience.
4. Provided documentation of 40 hours of volunteer work in a health care environment.
   Documentation of volunteer work experience:
   1. Must be on company letter head.
   2. A minimum of 40 hours.
   3. Provide a description of job duties.
5. Completed core course work.

An interview may be required.
SELECTION NOTIFICATION

Letters of selection, alternate status, or non acceptance will be sent out following the selection process. The selection process takes place at the end of A-Term Summer Semester every year.

Selected students must confirm their intent to enroll in writing, within 10 days after the post marked date of their acceptance letter.

Students selected as alternates must confirm the acceptance of their position in writing, within 10 days after the post marked date of their selection letter.

A student that fails to respond in the appropriate time will forfeit their position.

Alternate students may take the Introduction to Diagnostic Medical Sonography course. Inclusion in this course does not mean acceptance into the DMS Program unless a selected student resigns his or her position.

If a selected student resigns their position an alternate will be chosen according to their selection position.

Upon acceptance into the DMS Program students must provide a certification of medical examination form, student physical and mental health self evaluation form along with immunization documentation including the first Hepatitis vaccination (all forms must be current within one year and must be in the DMSP office no later than September 1st following your selection). Failure to provide this documentation will lead to dismissal from the program and an alternate will be chosen to replace you. You may provide this information before notification of selections.

PREGNANCY POLICY

Any student that is pregnant or becomes pregnant while in the Diagnostic Medical Program should consider the following:

1) Exposure to communicable diseases. As a student you may be exposed to many communicable diseases such as rubella and the hepatomegaly virus which are a serious danger to the developing fetus. It is the pregnant student’s responsibility to avoid those patients that may put them at risk.
2) Students are at risk to radiation exposure while performing certain ultrasound exams. Pregnant students must protect themselves and their baby by using lead aprons and avoiding all radiation until after the first trimester.
3) If the students’ medical condition limits their ability to continue in the program they may withdraw and continue with the next class beginning with the course or courses dropped. Missed clinical time over the 3 days allowed may be made up but may also delay the student’s graduation.
DMSP APPLICATION FORM
PAGE 1 OF 2

Name: ____________________________________________________________
   First                                     Middle                                    Last

Telephone: ________________________ Cell Phone: ________________________

E-mail: ____________________________________

Address:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Emergency Contact: ______________________________________________
   Name

Telephone Number: ________________________

Please check the appropriate space next to the additional documentation you will be providing.
   Degree____
   Certificate____
   Work Experience____
   Volunteer experience____

Please check the following if applicable.

_____ I plan to take Anatomy and Physiology I and II.

_____ I am currently taking or have completed Anatomy and Physiology I.

_____ I am currently taking or have completed Anatomy and Physiology II.

_____ I am applying under the Radiologic Technology guidelines.
DMSP APPLICATION FORM
PAGE 2 OF 2

I have read and understand the selection procedure requirements and selection process.

Name: ________________________________                  Date: ____________________

I understand that upon acceptance into the DMS Program I must provide a certification of medical examination form, student physical and mental health self evaluation form along with immunization documentation including the first Hepatitis vaccination (all forms must be current within one year and must be in the DMSP office no later than September 1st following your selection). Failure to provide this documentation will lead to dismissal from the program and an alternate will be chosen to replace you. You may provide this information before notification of selections.

Name: ________________________________                  Date: ____________________
DARTON COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY
PROGRAM
CERTIFICATION OF MEDICAL
EXAMINATION FORM

This is to certify that I have examined _____________________________
and find him/her to be of general good health.

_________________________                    _________________________
Date of Examination          Signature
(Physician/PA/ARNP)

This is to certify that I have examined _____________________________
and find him/her to be of general good health except for the following
conditions:_____________________________________________
______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________

_________________________                    _________________________
Date of Examination          Signature
(Physician/PA/ARNP)
ESSENTIAL FUNCTIONS OF THE
DIAGNOSTIC MEDICAL SONOGRAPHER

The American Disabilities Act requires that careful consideration be given to all applicants seeking education or employment. The Act also requires that accommodations be provided to the disabled person when proven to be reasonable. It also supports the identification of essential job functions that may be used with other selection criteria in the screening of potential applicants for a professional curriculum or employment.

The Diagnostic Medical Sonographer is a care giver that plays a fundamental role in the diagnosis of a patient’s medical condition. The sonographer does this by providing a collection of diagnostic medical images and assisting in interventional procedures. Implied in this care giving role are essential job functions that require the sonographer to demonstrate cognitive, psychomotor and affective skills. The performance of these jobs functions must be consistent with the expectation that the Diagnostic Medical Sonographer must not place his or herself, a fellow worker or the patient in jeopardy of physical or mental disabilities.

The purpose of the following is to identify the essential functional requirements of the Diagnostic Medical Sonographer in the categories of visual acuity, hearing, physical ability, speech, manual dexterity and mental stress. The examples below are not all inclusive and a sonographer’s essential job functions may be considered on a case by case basis.

DARTON COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY
PROGRAM
STUDENT PHYSICAL AND MENTAL HEALTH SELF-EVALUATION FORM

The following are examples of the essential physical and mental job functions required of Diagnostic Medical Sonographers.

Visual Acuity
Accommodation: Corrective lenses.

1) Verify visually patient identification.
2) Identify visually the gray scale image differences on the ultrasound monitor and on film.
3) Identify visually the color differences found on color flow Doppler images.
4) Visually identify the controls and digital displays on medical
5) Distinguish scale markings on instruments calibrated in mm and in 0.1 mm.
6) Visually distinguish the colors of various body tissues and fluids.

I verify that I am able to provide (in my opinion) the visual acuity required of the Diagnostic Medical Sonographer.

____________________________                           ____________
Signature                                                          Date

Hearing Acuity
Accommodation: Auditory aids.

1) Identify patient information such as name and history.
2) Indirect measurement of blood pressure with a stethoscope.
3) Distinguish between normal and abnormal breathing sounds.
4) Identify and distinguish between audible signals on medical devices that defines their functionality and alarm status.
5) Identify Doppler pulse signals.

I verify that I am able to provide (in my opinion) the hearing acuity required of the Diagnostic Medical Sonographer.

____________________________                           ____________
Signature                                                          Date

Physical Ability
Accommodation: Minimal impairment of extremities (upper and lower) and back.

1) This will include but shall not be limited to the following: diagnostic devices, large and small medical devices and patient positioning during procedures.
2) Position patients for transport by bed, wheelchair or stretcher.
3) Provide CPR and other emergency life support services in a safe and timely manner.
4) To stand for long periods of time.
5) To maintain prolonged arm positions necessary for scanning.

I verify that I am able to provide (in my opinion) the physical ability required of the Diagnostic Medical Sonographer.

____________________________                           ____________
Signature                                                          Date
Speech Ability
Accommodation: Not known.

1) To be able to question the patient about his/her condition.
2) To communicate information verbally to others in an appropriate and timely fashion.

I verify that I am able to provide (in my opinion) the speech ability required of the Diagnostic Medical Sonographer.

____________________________                           ____________
Signature                                                          Date

Manual Dexterity
Accommodation: Must perform fine motor tasks.

1) Must be able to identify, by touch, the arterial pulse.
2) To adjust fine incremental controls using dials or touch pads.
3) Micro manipulation of the transducer while maintaining prolonged arm positions.

I verify that I am able to provide (in my opinion) the manual dexterity required within the work environment of the Diagnostic Medical Sonographer.

____________________________                           ____________
Signature                                                          Date

Mental Stress

The student should not demonstrate mental health problems. If a student demonstrates a mental health problem it is corrected with the use of medication or another form of treatment.

I verify that I am able to tolerate the high stress levels associated within the work environment of the Diagnostic Medical Sonographer.

____________________________                           ____________
Signature                                                          Date
APPLICATION CHECKLIST FOR THE DMS PROGRAM

____ 1. I have applied to Darton College.

____ 2. I have had my transcripts sent to the Darton College Admissions Office.

____ 3. I have been accepted to Darton College.

____ 4. I am already a student at Darton College.

____ 5. I have my three recommendation forms filled out.
   ____ I am returning the forms in their sealed envelopes myself.
   ____ My forms are being mailed.
   ____ I have checked to see if my mailed forms have been received.

____ 6. I have the documentation needed for any degrees, certificates, work experience or volunteer work that will give me points in selection process.

____ 7. I am applying under the Radiologic Technology guidelines and have had official transcripts of my course work sent to the DMSP office.

____ 8. I have completed my essential physical and mental function of the Diagnostic Medical sonographer self-evaluation.

____ 9. I am ready to turn in my application form.

____ 10. I have called the DMSP Office at (229) 430-6986 and made an appointment to turn in my application.
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM RECOMMENDATION FORM

Part 1- To be completed by the applicant

Applicant’s name: ____________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Birth date: ________________________________

Applicant’s waiver of right of access to confidential Statement:

___ I waive my right of access to any information contained on this recommendation form.

___ I do not waive my right to access to information contained on this recommendation form.

_______________________________________                            ___________________
Applicant’s Signature Required                                                      Date

I understand that recommendations from family and friends are not permitted.

I understand that I must supply the person that I have chosen to give my recommendation form to an envelope to put the completed form in as well as a stamp for mailing. A sealed envelope containing the completed form may be returned by the applicant to the DMS office. If the envelope has been tampered with in any way, the contents will be void and not considered for entrance into the DMS Program.

________________________________________                          ___________________
Applicant’s Signature Required                                                         Date

Please use the following address for returning your completed recommendation forms. It is recommend that you pre address the envelopes.

Carol Warren, R.T. (R) RDMS
Allied Health Division
2400 Gillionville Rd.
Albany, GA 31707-3098

Part 2- To be completed by the evaluator.
The above individual is applying to a professional program at Darton College. We value your comments and ask that you give a full and candid appraisal so that fair consideration may be given to the applicant.

5= Outstanding  4=good  3= Average  2=Fair  1= Poor  0=No basis for evaluation

Academic motivation……………………………5 4 3 2 1 0
Attitude toward authority………………..5 4 3 2 1 0
Adaptability to change………………………..5 4 3 2 1 0
Organizational skills…………………….5 4 3 2 1 0
Integrity……………………………………..5 4 3 2 1 0
Dependability/Reliability…………………..5 4 3 2 1 0
Emotional maturity…………………………5 4 3 2 1 0
Ability to cope with stress………………….5 4 3 2 1 0
Analytical and problem solving ability……5 4 3 2 1 0
Ability to work with people………………..5 4 3 2 1 0
Leadership ability…………………………5 4 3 2 1 0
Personal appearance……………………….5 4 3 2 1 0
Ability to communicate effectively………5 4 3 2 1 0

Please check one:

I have known the applicant for: 
____ Less than a year
____ 1-3 year’s
____ or more years’
My relationship to the applicant is /has been:
____ Employer/Supervisor
____ Educator
____ Counselor
____ Other ________________________

Summary:
We invite additional comments and observations about the applicant. If the applicant is already functioning as a healthcare provider, comment on this individual’s technical skills and professional knowledge base.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Evaluator Information: (please print)

Name:__________________________________________________________________

Position:________________________________________________________________

Place of employment:______________________________________________________

Address:________________________________________________________________

Telephone: (Work) ________________________      (Home)______________________

_________________________________                        ___________________________
Signature                                                                           Date

Thank you for your time and information. An applicant may be considered for admission when this completed recommendation form is returned to the Diagnostic Sonography programs office.

Please put the completed form into the envelope provided and seal it.

DARTON COLLEGE: DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
CERTIFICATE OF IMMUNIZATION FORM

Part A – To be completed by student

Name: __________________________________________________________________

Last     First     Middle

Date of Birth: ___________________________

SocialSecurityNumber: _______________________

Address: ________________________________________________________________

Street   City   State   Zip

Daytime Telephone Number (____) _________________

Expected term of enrollment ______________________

Part B – To be completed and signed by a health care provider. Dates must include month and year.

I. MMR (Measles, Mumps, Rubella) Note: Date must be after 1970
   a. Dose 1 – immunized at 12 months of age or later, and                      (mm/dd/yy) ___/___/___
   b. Dose 2 – immunized at least 30 days after Dose 1                        (mm/dd/yy) ___/___/___

II. Measles Note: Date must be after March 4, 1963
    a. Had disease, confirmed by physician diagnosis in office record, (mm/dd/yy) ___/___/___
    b. Born before 1957 and therefore, considered immune,                   (mm/dd/yy) ___/___/___
    c. Has laboratory evidence of immune titer (specify date of titer),     (mm/dd/yy) ___/___/___
    d. Immunized with live measles vaccine at 12 months of age or later, AND
       (mm/dd/yy) ___/___/___
    e. Immunized with second dose of live measles vaccine at least 30 days after
       First dose. (mm/dd/yy) ___/___/___

III. Mumps Note: Date must be after April 22, 1971.
    a. Had disease; confirmed by physician diagnosis in office report,       (mm/dd/yy) ___/___/___
    b. Born before 1957 and therefore considered immune,                   (mm/dd/yy) ___/___/___
    c. Has laboratory evidence of immune titer (specify date of titer),     (mm/dd/yy) ___/___/___
    d. Immunized with vaccine at 12 months of age or later
       (mm/dd/yy) ___/___/___ AND

IV. Rubella Note: Date must be after June 9, 1969
    a. Has laboratory evidence of immune titer (specify date of titer),     (mm/dd/yy) ___/___/___
    b. Immunized with vaccine at 12 months of age or later.                  (mm/dd/yy) ___/___/___

V. PPD 5TU Note: Within 3 months of program entry date.                    (mm/dd/yy) ___/___/___

VI. Chest X-ray Note: Necessary only if PPD positive                      (mm/dd/yy) ___/___/___

VII. Polio Note: Minimum of three. Trivalent OPV up to 18 years of age. After 18, OPV is not recommended.
    a. Has complete immunization series                                    (mm/dd/yy) ___/___/___

VIII. Hepatitis Note: After above requirements are completed.
    a. Had disease, confirmed by physician diagnosis in office record, OR
       (mm/dd/yy) ___/___/___
    b. Has laboratory evidence of immune titer (specify date of titer), OR
       (mm/dd/yy) ___/___/___
    c. Has complete immunization series                                    (mm/dd/yy) ___/___/___

1st dose (mm/dd/yy) ___/___/___  2nd dose (mm/dd/yy) ___/___/___ 3rd dose (mm/dd/yy) ___/___/___

PLEASE NOTE YOU MUST HAVE YOUR SECOND HEPATITIS SHOT BEFORE STARTING CLINICAL ROTATIONS!!!!

Signature of Physician or Health Department Official   Print Name/Facility

Date: _______________________
CONFIDENTIALITY OF STUDENT RECORDS
The college is covered by the Family Educational rights and Privacy Act of 1974 (FERPA), which is designed to protect the student’s rights with regard to educational records maintained by the College. Under this Act, a student has the right to inspect and review educational records maintained by the College that pertain to that student; the right to challenge the content of records on the grounds that they are inaccurate, misleading or a violation of privacy or other rights; and the right to control disclosures from the educational records with certain exceptions. A written policy detailing how Darton College complies with the provisions of the Act may be found in the Student Handbook.

FINANCIAL OBLIGATIONS
The College will withhold copies of educational records and/or will terminate the enrollment of any student who has an outstanding financial obligation to the college.

Students whose checks to the college are returned by the bank due to insufficient funds or other reasons will be charged a service charge of $15.00 or 5% of the check, whichever is greater.

EMPLOYMENT
For formation on student jobs and the work study program contact the Career Center on the second floor of the Student Center (229) 430-6865. This Office maintains a listing of employers seeking workers as well as files on students seeking employment.

Job placement assistance is available to all current and former students of Darton College free of charge. For further information see the Job Board located on the second floor of the Student Center and/or call and make an appointment with the Coordinator of the career Development center in the student affairs office. (229) 430-6865

A student may be employed at the hospital were they also do their clinical rotations, but they may not receive pay during clinical hours.

HOUSING
As a community college, Darton College does not provide residence halls on campus. However, the Vice President for Student Affairs office, located on the second floor of the Student Center, will assist students in securing off-campus housing. This office, however, does not make rental reservations or negotiate directly between the landlords and students. (229) 430-6728

HEALTH INSURANCE
All students are encouraged to have health care insurance. Darton College does not provide health insurance to its students. The liability insurance that students must carry during clinical rotations does not cover the student; it provides protection to a patient if the student harms that patient. The Admissions office at Darton College has information on health care policies. (229) 430 6740
STUDENT HEALTH SERVICES

There is no College Health Clinic. For any serious accident or illness, Emergency Medical Services (EMS) may be reached at 911. See the Darton College Student Handbook (Student Services, part one section BB) for more information. Limited mental health services are available from the student Affairs Division. Students who require more extensive treatment will receive referrals to external resources. See the Darton College Student Handbook (Student Services, Part one section BB) for more information.

WITHDRAWAL FROM INDIVIDUAL COURSES

After late registration day each semester, students withdrawing from an individual course should see their academic advisor for assistance in completing the official drop form. No refunds are issued for dropping individual courses.

WITHDRAWAL FROM THE COLLEGE

An official withdrawal form must be filled out with help from an advisor and returned to the Registrar’s Office for final processing. Personal in that office will process a request for refund of fees, if applicable. For refund percentages, see the refund schedule outlined in the Darton College Catalog and semester schedule.

STUDENT MEDICAL WITHDRAWALS

A student may be administratively withdrawn from the college when the judgment of the Vice President for Student Affairs, and after a consultation with the student’s parents and personal physician, if any it is determined that the student suffers from a physical, mental, emotional, or psychological health condition which (a) poses a significant danger or a threat of physical harm to the student or to the person or property of others; or (b) causes the student to interfere with the rights of other members of the college community or with the exercise of any proper activities or functions of the college or its personnel; or (c) causes the student to be unable to meet institutional requirement for admission and continued enrollment as defined in the student conduct code and other publications of the College.

Except in emergency situations, a student shall upon request be accorded an appropriate hearing prior to a final decision concerning his or her continued enrollment at the College.
LEARNING LABORATORY AND TUTORIAL SERVICES

The Basic Skills Laboratories at Darton College offers a wide variety of support through their reading lab, writing lab and math lab. More information can be found about these services in the Darton College Student Handbook Section V under Student Services Part One.

There is a Peer Tutoring Program available free of charge to Darton College students in most areas of study. The Program is located in the Student Center room C144 and any student having a problem with their course work should contact the instructors at the Peer Tutoring Center. (229) 430-6928.

LIBRARY

Darton Colleges’ Wetherbee Library- Learning Resource Center provides students with numerous print, non-print, and online learning resources that support the programs of instruction and/or leisure interest. (see section W. under Student Services Part one in the Darton College Student Handbook).

BOOK STORE

The Book Store carries a complete line of essential classroom items, as well as souvenir items, such as mugs, stationary, and sweatshirts with the College name and/or seal. For information on the Book Stores Buy-Back/Refund Policy and hours please see the Darton College Student Handbook, Section C, under Student Services Part One.

REGENTS’ TEST

All students at Darton College are required to take the Regents’ test upon earning 30 semester college credit hours regardless of their progression through the English sequence. More information about the Regents’ test can be found in the Darton College Catalog under Academic Regulations Section P.

A student may prepare for the Regents’ test by attending work shops held in the Basic Skills Laboratory located in the McKnight building on the second floor. The Learning Support Division may be reached at (229) 430-6850.

GRADUATION

DEGREE REQUIREMENTS

See section L under Academic Regulations in the Darton College Catalog.

SPECIALIZED GRADUATION REQUIREMENTS

Diagnostic Medical Sonography Recipients. In addition to College graduation requirements, Diagnostic Medical Sonography students must have a minimum grade of “C” in all the prerequisite courses, DMSP course work, HITE 2400 and CVTE 1118.

GRADUATION CEREMONY

The College awards diplomas for degree recipients and certificates for successful completion of certain programs. Graduates must participate in the formal graduation exercises or must petition the Registrar to graduate in absentia.

Candidates for graduation will be charged a $35.00 fee related to graduation. This fee is payable at the time the student applies for graduation, usually at the beginning of the semester in which graduation is anticipated.
TRANSCRIPTS AND TRANSFER OF RECORDS

Students that wish to have a transcript of their record at Darton College sent to another institution should submit a “Request for Transcript of Record” from the Registrar’s Office at least two weeks prior to the date that the transcript is needed. The first transcript is provided without cost to the student: additional transcripts are issued upon payment of $1.00 for each transcript issued. Additional information on Transcripts and Continuing Education Units can be found in section A under Records in the Darton College Catalog.

THE DARTON COLLEGE CATALOG AND STUDENT HANDBOOK

It is strongly advised that the student maintains a copy of the Darton College Catalog and the Darton College Student Handbook.

WOULD YOU LIKE TO KNOW MORE ABOUT ULTRASOUND?
PLEASE GO TO THESE WEB SITES

The American Registry of Diagnostic Medical Sonography
www.ardms.org

The Society of Diagnostic Medical Sonographer’s
www.sdms.org

The American Institute of ultrasound in Medicine
www.aium.org

The American Registry of Radiologic Technologist
www.arrt.org

U.S. Department of Labor
Bureau of Labor Statistics
Occupational Outlook handbook
www.bls.gov