

July, 2018

Admission to the Diagnostic Medical Sonography Program, January 2019

Dear Potential Applicant:

Thank you for your interest in the sonography program at Polk State College. This packet contains vital information and instructions that you must implement completely in order to be eligible for consideration for the Polk State College Sonography program. Failure to complete the requirements will make you ineligible for consideration.

Enclosed is the Application for admission. **The application must be completed in its entirety and returned to an Academic Advisor at any of the Polk State campuses/centers by the close of business (7:00pm) on Friday, August 31th, 2018. NO EXCEPTIONS TO THIS DEADLINE.** It is the student's responsibility to ensure that all documents are provided by the deadline in order to have a complete application. Incomplete applications will **NOT** be processed. You must give your **completed application** to an Academic Advisor for his/her review and completion of an application checklist. You will get a receipt noting submission of your application. Please save this receipt until you receive written notice of your status for acceptance.

Official transcripts from all schools attended since completing high school must be received by the Registrar's Office **by the same deadline (August 31st)**. Grades from one institution which show on the transcript of another institution are not acceptable for transfer without an official transcript from the institution where you earned the credit. You should go into your Passport account and check your Polk transcripts to verify that all coursework completed is showing, including transfer credits. It can take several weeks for transcripts to be evaluated and if you have not yet requested transcripts to be sent to Polk, they potentially may not be received and evaluated in time to qualify for this admission cycle. Although you may have requested a transcript, it does not mean that we have received it so check your Passport account to verify that the transcript has been received and is under review.

The selection process uses a point system based primarily on the overall GPA and the GPA of the required prerequisites. Additional points are awarded for other factors such as how many co-requisites have been completed.

To receive the maximum possible points you can earn, it is essential that you submit a **complete application** and that you have official transcripts on file showing all course work completed.

The next communication you should expect will be from the Sonography Program in the form of a letter notifying you of your status regarding acceptance into the program. It is anticipated that notices of acceptance or alternate status will likely be mailed by October 16th, 2018. These notices will be mailed to the address of record in your application so it is important that you notify us with any address change.

We wish you the best in the application process.

Please contact the Sonography Program Director, Merrybeth Etherton at metherton@polk.edu or the Sonography Clinical Coordinator, Joanne Buchanan at jobuchanan@polk.edu if you have any questions prior to submitting your application.

*****Please note: application was revised JUNE 2018, no previous versions of the application will be accepted.**

PLEASE REMOVE THESE PAGES BEFORE SUBMITTING APPLICATION.

DIAGNOSTIC MEDICAL SONOGRAPHY APPLICATION CHECKLIST

Name _____ Student ID# _____

The following are **minimum** requirements for consideration of the application for admission to the Sonography Program. **Complete each requirement and initial beside each requirement that has been met.** Please submit **completed application** to an academic advisor on one of the college's campuses (Winter Haven, Lakeland, JD Alexander Center, or Airside Center) or directly to the Program Director (Sonography Program is located at the Airside Center in Lakeland). **Failure to complete all requirements will dismiss the applicant from the selection process for the upcoming class.**

*****Please do not mail or fax this application as its receipt will not be guaranteed. Failure to complete all requirements will dismiss the applicant from the selection process for the upcoming class.**

Requirements for application to be accepted: **(Academic Advisor to initial each line)**

- _____ Admission to Polk State College with all required admission documents received by the Registrar's office.
- _____ Official transcripts from **ALL** colleges/universities attended. ****At the time of program application submission, transcripts must be reviewed, evaluated by Student Services, and posted to student's Polk State College transcript.**
- _____ Current overall cumulative GPA, after all transcripts have been posted to the Polk State College system, **must** be a 2.0 or higher.
- _____ Required prerequisite courses **COMPLETED** (not in progress) with a "C" or better (mark final course grade on line beside each course listed below). Application cannot be submitted without a final grade in these courses.
 - _____ ENC 1101 College Composition I
 - _____ MAC 1105 College Algebra (or higher)
 - _____ BSC2085C Human Anatomy & Physiology I
 - _____ BSC 2086C Human Anatomy & Physiology II
 - _____ HSC 1531 Medical Terminology
 - _____ PHY2020C Fundamentals of Physics
- Copy of healthcare license/certificate and healthcare employment verification **(***if applicable – see pgs. 1 and 2)**
Applicant's degree audit attached to the end of the application.
- Co-Requisites completed: (not required, but preferred)
 - _____ PHI2600 Ethics
 - _____ HLP1081 Wellness Concepts
 - _____ PSY2013 Psychology
 - _____ HSC2554 Basic Principles of Disease

****I have completed all of the above requirements and attest that I am submitting a completed application.**

Applicant's Signature _____ Date _____

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*****Application reviewed by Academic Advisor for completeness and accuracy.**

Academic Advisor Signature _____ Printed Name _____

Date Stamp _____

****Receipt given to student (Advisor Initials) _____**

POLK STATE COLLEGE

APPLICATION FOR ACCEPTANCE

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

STUDENT INFORMATION:

Name: _____
 Last **First** **Middle**

Former Name(s): _____

Student ID #: _____

Mailing Address: _____

 City County State Zip

Phone Numbers: Home _____ Work _____
 E-mail: _____ Cell _____

Have you previously been enrolled in a Health Science program at Polk State College or any other college that prepares graduates to sit for Licensure or Certification?

_____ Yes, at Polk State College _____ Yes, at another school _____ No

If yes, please explain:

Do you currently hold any health professional licenses or certificates? _____ Yes _____ No

If yes, please indicate type, licensure or certificate number, and expiration date: _____

*****Required: Attach a current copy of license or certificate to this application**

Name _____ Student ID# _____

Health Care Employment

If you are currently employed or have recently been employed (within three years) by a health care facility/provider, please provide the following information: *****Required: attach a verification of healthcare employment on official letterhead, to include job description and dates of employment. Must be within the past three (3) years.**

Employer: _____ Supervisor: _____

Address: _____

Phone: _____

Position: _____ Dates Employed: _____

Specific Job Duties: _____

Employer: _____ Supervisor: _____

Address: _____

Phone : _____

Position: _____ Dates Employed: _____

Specific Job Duties: _____

Employer: _____ Supervisor: _____

Address: _____

Phone: _____

Position: _____ Dates Employed: _____

Specific Job Duties: _____

Name _____ Student ID# _____

Other employment: Provide for **other, non-healthcare** employment in past three years:

Employer: _____ Supervisor: _____

Address: _____

Phone: _____

Position: _____ Dates Employed: _____

Specific Job Duties: _____

Employer: _____ Supervisor: _____

Address: _____

Phone: _____

Position: _____ Dates Employed: _____

Specific Job Duties: _____

Employer: _____ Supervisor: _____

Address: _____

Phone: _____

Position: _____ Dates Employed: _____

Specific Job Duties: _____

Name _____ Student ID# _____

LICENSURE INQUIRY/INFORMATION:

State and national regulations provide that the denial of a license/credential may occur if an individual is habitually intemperate, addicted to, or is found to be in illegal possession or involved in the sale of distribution of habit forming drugs, and/or is unfit or incompetent by reason of gross negligence, physical or mental condition or other like causes which could result in behavior that interferes in his/her practice as a health professional.

Please answer the following questions below. A "yes" answer to any question could result in the denial of a license/credential. **If your answer to any of the questions is "YES", you must meet with the Program Director of the program prior to the submittal of the application to the program.**

_____ Yes _____ No Have you ever been convicted or have you entered a no contest or guilty plea-regardless of adjudication-offense other than a minor traffic violation?

_____ Yes _____ No Have you ever been denied or is there now any proceeding to deny your application for a license to practice a health profession in Florida or any other jurisdiction?

_____ Yes _____ No Have you ever had a disciplinary action taken against your license to practice a health profession by the licensing authority in Florida or any other jurisdiction?

_____ Yes _____ No Have you ever surrendered a license to practice in a health profession in Florida or any other jurisdiction while any such disciplinary charges were pending against you?

**I certify that I have read and understand the standards indicated above regarding licensure/credentialing as a health professional at both the state and national level.

Applicant's Signature _____ Date _____

TO BE COMPLETED (IF NECESSARY) BY PROGRAM DIRECTOR

I have informed the above-identified applicant regarding the licensing/credential process in relation to previous criminal convictions.

Program Director _____ **Date** _____

Name _____ Student ID# _____

Use the area below to explain the applicant's desire to become an Ultrasound Technologist. Be sure to include any health care related experience, including direct patient contact, if any.

Name _____

Student ID# _____

Additional information

Applicants are admitted to the Sonography Program using a selective admission process. The selection committee utilizes a point system as GUIDE in the selection of qualified students for the program (contact program director with any questions). The following areas evaluated by the committee include:

- College GPA
- Pre-Requisite GPA
- Polk County Residency/Previous Year Applicant
- Related Experience
- Co-Requisite Courses Completed
 - HLP 1081 Wellness Concepts
 - PHI 2600 Ethics
 - PSY2012 Psychology
 - HSC2554 Basic Principles of Diseases

****At the time of acceptance into the Sonography Program, the applicant will be notified by mail with additional information about the Sonography Program orientation date/time. During this orientation, additional program information and requirements will be presented to the student to include:**

- Physical and Immunizations
- Background Check
- Drug Screen
- Current CPR
- Affidavit of Good Moral Character completed
- Uniform Requirements
- Program textbooks and course registration for program (Sonography program begins each spring term)

Any questions, please contact:

Merrybeth Etherton
Sonography Program Director
Polk State College, Airside Center
3515 Aviation Drive
Lakeland, FL 33811
863-669-2948
metherton@polk.edu

Joanne Buchanan
Sonography Program Clinical Coordinator
Polk State College, Airside Center
3515 Aviation Drive
Lakeland, FL 33811
863-669-4946
jobuchanan@polk.edu

Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services, and activities.

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