COLLEGE OF DUPAGE

Diagnostic Medical Imaging Sonography
ADVANCED CERTIFICATE PROGRAM

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

FALL 2020 ADMISSION

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

Application Deadline – May 11, 2020 by 5pm
(Applicants may begin submitting application materials in September).

www.cod.edu/sonography

Program Coordinator: Melissa McKirdie, BA, RDMS, RVT
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 Admissions Office.
DMIS ADVANCED CERTIFICATE PROGRAM

Program Information Disclaimer

This program information is published for that purpose only; however, the information in this packet is not to be regarded as an irrevocable contract between the student and the program. The program reserves the right to change, at any time, without notice: graduation requirements, fees, other charges, curriculum, course structure and content, and other such matters as may be within its control, not with-standing any information set forth in this program information packet in accordance with College of DuPage policies and procedures. Students are not accepted into this program until they receive and respond to an official acceptance letter from the College of DuPage Office of Admissions & Outreach.

Program Admission Preference

Preference in admission is given to residents of District 502 who meet the stated minimum acceptance criteria for the program. Priority for admission is a) In-district applicants; b) Out-of-district applicants working full-time in-district (proof of in-district employment will be required each semester); and c) Out-of-district applicants 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 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 2020 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 semester.

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
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 re-apply 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 becomes 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 of Health

Prior to starting clinicals, all students in the Sonography Advanced Certificate program will need to complete health requirements, a drug screen, background check, and complete the medical document manager requirement. You will be informed by the Program Coordinator when you will need to complete your health requirements. Please do not complete these requirements until you are instructed to do so. The Health Requirements packet is available at Health Requirement Packet and the Diagnostic Medical Imaging Sonography webpages. Some clinical affiliates require further testing, which is the responsibility of the student.

Students with chronic medical conditions and physical limitations are required to submit documentation of current health status relating to their specific condition. The statement should include the physician’s assessment as to the student’s ability to meet the program objectives and standard skills in sonography, and the current medications the student is required to take for health maintenance.

Statement on Medical Care and Health Insurance

Students are responsible for their own medical care and health insurance while in the program. Students must possess health care insurance in order to train at the clinical affiliate. The student is responsible for any costs that may be incurred related to personal injuries he/she may acquire while performing activities at the clinical affiliate. The affiliating clinical facility and/or College of DuPage cannot be held liable for such injuries. Please visit the Center for Access and Accommodation website for additional details.

Students are required to provide evidence of current health insurance coverage. Please follow specific guidelines as instructed for submitting proof of insurance.

Statement on Medical Malpractice Insurance

Malpractice insurance is required and is included in the clinical education tuition costs. That is, the cost of the insurance is included with the tuition costs for DMIS 1112. Students must be officially registered and listed on the instructor's class roster to be covered by the malpractice insurance.

Statement on Drug Testing/Criminal Background Check

A drug test and Criminal Background Check are required prior to starting a clinical rotation in the Sonography program. Several clinical affiliates also require finger printing. The costs of these requirements are the responsibility of the student. You will be informed by the Program Coordinator when you will need to complete these requirements. Please do not complete them until instructed to do so.
Criminal Background Check Information

All health care workers and student health care workers are required to undergo a criminal background check in order to work in a clinical setting. A student with a positive background check containing disqualifying conditions as defined by Illinois State Law (225ILCS46/25) and 77 Ill Adm. Code 955 Section 955.160 will not be allowed to enter the clinical portion of this program, thus preventing the student from obtaining mandated certification and/or licensure.

NOTE: You may have been convicted and not sent to jail. People are often fined or given probation or conditional discharge rather than jail time, but these are still considered convictions. If you are unsure as to whether an arrest resulted in a conviction, contact the county in which you were arrested and speak to a representative in the Circuit Clerk’s office, State’s Attorney’s office or your attorney.

Transportation

Students are required to provide their own reliable transportation to the college and clinical sites. Public transportation is often not an option due to clinical site hours and/or locations. Clinical placements are assigned by the Clinical Coordinator to meet the needs of all students and the program. Students cannot select clinical sites. Any parking fees and/or tolls are the responsibility of the student. *In extremely rare cases clinical sites can be up to 100 miles from College of DuPage.

Standard Skills in Sonography

To participate in the clinical education portion of the Sonography program, the applicant must possess additional non-academic skills. These technical standards are consistent with the duties of an entry-level sonographer in a professional position. The applicant must have the ability to:

- Lift and carry 30 pounds of weight
- Lift and transfer patients to and from wheelchairs, stretchers, beds, and imaging tables
- Move, adjust, and manipulate equipment to perform imaging studies
- Position patients for exams
- Respond appropriately to sounds such as the patient’s voice and movements in a normal conversational volume
- Review and evaluate recorded real-time images to determine the quality of the image, as well as demonstrate visual accuracy in differentiating among subtle shades of grays used in Diagnostic Medical Sonography
- Respond appropriately to equipment signals such as sound and light
- Manipulate the necessary hospital equipment for patient care and patient imaging, such as dials, switches, push buttons, and keyboards
- Stand and perform exams for a prolonged period without breaks in a typical shift of eight to twelve hours
- Fluent communication in the English language to function effectively in the program and at clinical sites
- Position a transducer device in a back and forth manner while maintaining balance
- Communicate orally and in writing with patients, physicians, and other personnel; clearly and effectively
- Be able to follow verbal and written directions

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 centers. Students will not replace members of the affiliated clinical staff; they will have the status of students. Typically, 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 scheduled breaks is not permitted and will affect program continuation.
**Non-Discrimination Statement**

The College prohibits discrimination in its admissions, employment, and educational programs or activities on the basis of race, color, sex, religion, creed, national origin, age, ancestry, marital status, sexual orientation, gender identity and expression, arrest record, military status or unfavorable military discharge, citizenship status, and physical or mental disability. The College will protect an individual’s right to express their viewpoint or opinion, so long as it does not violate State or Federal law and is not detrimental to the College.

This Policy against discrimination applies throughout all College environments, whether on campus, at work assignments off campus, at College-sponsored social functions, or otherwise.

Procedures to facilitate the College’s prohibition of discrimination will be promulgated consistent with the Policy. (Board Policy 20-5).

**Student Email Policy**

College of DuPage will send all official communications to you through your official COD email (dupage.edu). You will no longer be able to use a preferred email account. You do have the option to forward these communications to a personal email account if you wish.

Check your COD email weekly for possible important information including but not limited to:

- Official COD communications
- Possible DMIS Application Material Inquiries
- Possible DMIS Applicant Interview Appointment Invitation
- Accept/Decline/Alternate letters of decision and/or related information
- Financial aid communications
- Petition to graduate
- Transfer credit evaluation
- Prerequisite proof Sensitive
- FERPA-related communications
- Transcript order
- Important messages from instructors

For more information on the student email policy go to: [https://cod.edu/student_life/resources/information_technology/email/email-policy.aspx](https://cod.edu/student_life/resources/information_technology/email/email-policy.aspx)

**Citizenship/Visa Status**

If you are not a U.S. citizen or a permanent resident of the U.S., and/or if you have any questions or concerns regarding your eligibility to participate in health sciences programs, please contact the International Student Office, SSC 2225, (630) 942-3328, e-mail: intlstdt@cod.edu.

Qualified applicants will be considered out-of-district in the admissions ranking process if they are **not** a:

- U.S. citizen
- Permanent resident
Application Materials Checklist

Applicants may begin submitting application materials in September.

*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 into the Sonography Program, an applicant must:

_____ 1. Register to attend a mandatory Diagnostic Medical Imaging Sonography Advising Session. It is required that an applicant attend an advising session within a 12 month period prior to the application deadline, a vast majority of applicants attend 2 sessions. A Photo ID is required for attendance at advising sessions.

_____ 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 admissions to College of DuPage only; it is not an application to the Health Sciences Limited 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 including High School. 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://www.cod.edu/registration/records/trans_eval_listing.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.

   NOTE: All prerequisite and general education courses must be completed by the end of Spring 2020 semester, preceding Fall 2020 admission.

_____ 5. Complete the non-refundable $50 Health Sciences Limited Enrollment Program Application online.

   Once term is selected and application submitted, you may not change the term or program.

   - Select Fall 2020 in “I plan to start”

   - Select Sonography Advanced Certificate when asked “What Health Sciences Limited Enrollment program are you applying for?”

Last Updated 6/18/2019
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 2 proofs of residency to the Office of Student Registration Services, Student Services Center (SSC) Room 2221 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.
- 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 profession. Proof of AAS Degree completion needs to be provided to hsadmissions@cod.edu or prior to program start by sending to mckirdiem@cod.edu. Examples of health professions include but are not limited to the following:
  - Radiographers
  - Nuclear Medicine Technologists

7. 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 or prior to program start to mckirdiem@cod.edu.

6. Provide documentation of experience working with patients in a healthcare setting (as a clinical student or employee) 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. Please e-mail to hsadmissions@cod.edu or submit to the Office of Admissions & Outreach, SSC 2207.

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 & submit the $50 health sciences application. Recommendation Forms must be submitted to the Office of Admissions & Outreach, SSC 2207; e-mailed Recommendation Forms 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 an 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 re-applying 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.**

Priority for Admission:

- a. In-District applicants
- b. Out-of-District applicants working full-time in-district (proof of in-district employment will be required each semester)
- c. Out-of-District applicants including those students with a joint or chargeback agreement and International students

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 Science application fee and submit any/all supporting documents again as listed on the Admissions Checklist of the Application Packet requirements (if applicable).
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: ___________________

Anatomy and Physiology 1552 or 1572 or Equivalent (Scale A): (Grade of ’B’ or better) __________

OR
Anatomy and Physiology 1500 or Equivalent (Grade of ‘B’ or better) __________

DMIS 1105 Pathophysiology OR DMIR 2225 OR Equivalent (Scale A) (Grade of ‘B’ or better) __________

HLTHS 1110 Biomedical Terminology or Equivalent (Scale A) __________

Recommendation Form 1 (academic) (Scale B) __________

Recommendation Form 2 (healthcare employer/clinical instructor) (Scale B) __________

Recommendation Form 3 (Scale B) __________

Interview – up to 16 points possible __________

Total Points __________

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<th>Scale A</th>
<th>Scale B</th>
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<tr>
<td>A: = 4 points</td>
<td>Outstanding = 5 points</td>
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<td>B: = 3 points</td>
<td>Very Highly = 4 points</td>
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<td>C: = 0 points</td>
<td>Recommend = 0 points</td>
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<td>D: = 0 points</td>
<td>With Reservations = 0 points</td>
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<td>Do not recommend = 0 points</td>
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*DMIS 1110 may be required if the applicant does not have relevant patient care experience/education*

*Completion of additional prerequisite courses may be necessary to meet accreditation requirements (if not met with prior education)*
## 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: Please provide the evaluator with an envelope addressed to the College of DuPage Office of Admissions & Outreach. The evaluator needs to sign the back of the sealed envelope and mail the form directly to the College of DuPage.

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## 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.

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*(Page 1 of 2)*
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 place the completed form in an envelope, seal the envelope, sign your name across the seal and mail directly to:

College of DuPage Office of Admissions & Outreach  
SSC 2207  
425 Fawell Blvd.  
Glen Ellyn, IL 60137-6599