

**Diagnostic Medical Sonography**

Wallace Health Sciences - South

1480 Nashville Pike, Gallatin, Tennessee 37066

Phone 615-452-8600, Fax 615-230-3224

**DMS Applicant Summary**

**Class of 2024**

Updated: 01/17/2023

**Directions:**

This document serves as a summation of the prerequisites needed to be considered a valid Diagnostic Medical Sonography applicant. Please complete this form and submit it with your application packet by May 1, 2023.

**Degree Prerequisite:**

All applicants are required to complete one of the following degree pathways before applying, please indicate your pathway. See the *Information Packet* posted on the VSCC DMS website for more details on the requirements.

**Course Prerequisite:**

Applicants must complete all of the following courses before applying to the program, please indicate the institution, the term and year, letter grade, and credit load for each of the prerequisites listed. These courses should be highlighted on the transcripts submitted with your application packet.

|  |  |  |
| --- | --- | --- |
| **Degree Prerequisite** | **Institution/Degree/Major** | **Year Earned** |
| **Associate of Applied Science Degree** |  |  |
| **Bachelor’s degree (or higher)** |  |  |
| **MTSU’s 3 + 1 Program** | MTSU/Pre-Diagnostic Medical Sonography |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prerequisite Course** | **Institution** | **Term/year** | **Letter Grade** | **Credit Hours** |
| **Anatomy & Physiology I** |  |  |  |  |
| **Anatomy & Physiology II** |  |  |  |  |
| **Medical Terminology** |  |  |  |  |
| **College Algebra (or higher)** |  |  |  |  |
| **Introduction to Physics** |  |  |  |  |

|  |  |
| --- | --- |
| **Admission Criteria** | **Results** |
| **Overall GPA** |  |
| **Prerequisite GPA** |  |
| **Number of Observation Hours or Alternative Observation Hours Documentation** |  |
| **Number of Reference Letters** |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm the information above is accurate, current, and honest to the best of my knowledge. I understand by signing below I verify all of the information in this document is correct and I accept any disciplinary action up to rejection or dismissal from the Diagnostic Medical Sonography program for any falsification of application materials. If I cannot confirm the information above, I should contact the DMS program director for clarification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**VSCC Application Checklist**

[ ]  Volunteer State Community College application submitted (<https://www.volstate.edu/admissions/apply>)

[ ]  Online DMS application submitted (<https://www.volstate.edu/academics/health-sciences/dms/application>)

[ ]  Official copies of ALL transcripts sent to the Office of Admissions

**DMS Application Packet Checklist**

[ ]  Official copies of ALL transcripts with prerequisite courses highlighted

[ ]  At least two letters of recommendation in sealed envelopes

[ ]  Resume or Curriculum Vitae

[ ]  Documentation of at least sixteen (16) observation hours in a general ultrasound department with a registered sonographer completed within twelve (12) months of applying to the program using the Clinical Ultrasound Observation and Evaluation Forms

 Or

 Documentation of the completion of the Alternative Observation Hour Requirement Form

All forms are located here: <https://www.volstate.edu/academics/health-sciences/dms/forms>. Applications missing the correct forms cannot be processed.

Mail all application packet materials in one envelope to:

**Lisa Kirkland**

**Volunteer State Community College**

**Wallace Health Sciences Complex – South, S-231**

**1480 Nashville Pike, Gallatin, TN 37066**