

## Advanced Certificate in Diagnostic Medical Sonography

### Applicant Checklist

#### Applicants to the program must have:

- Successful completion of a single two-year nationally accredited Associate Degree or higher allied health education program that is patient-care related with a cumulative GPA of 3.0 or higher or by permission of the dean.
  - Allied health education programs include, but are not limited to, radiologic technologist, respiratory therapist, occupational therapist, physical therapist, and registered nurse.
  - The two-year education program that is patient-care related is defined as (1) 24 full-time consecutive calendar months or (2) 60-semester credits or (3) 84-quarter credits (4) and requiring a clinical internship/externship to complete the program.
  - Students enrolled in their final year of an allied health education program may apply and be conditionally accepted pending program completion.
- Documentation of professional certification in good standing before enrolling in Clinical Practicum (Semester II).
- Documentation of a job shadow in sonography to include a minimum of 4 hours and 5 different procedures observed.

#### Additional Admission Requirements:

- Online application – <https://www.mchp.edu/admissions/>
- Application Fee \$50.00 – non-refundable
- Official high school transcript(s) or GED/HiSET sent directly to MCHP from school(s) (Home school students should contact the admissions office.)
- Official college transcript(s), sent directly to MCHP from college(s)
- Documentation of certification/licensure in good standing, for current healthcare professionals
- Documentation of a job shadow in sonography must be provided. The job shadow must be a minimum of four hours and at least five different procedures must be observed. The job shadow form is attached and is available at <http://www.mchp.edu/admission-requirements>.
- Application deadline is March 1st at 5pm. All application materials must be received by the required deadline. Late materials will not be accepted and incomplete applications will not be considered.

Please refer to [www.mchp.edu](http://www.mchp.edu) for additional information regarding our programs.

Diagnostic Medical Sonography Program  
Sonography Observation Form

Student Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Date of Observation: \_\_\_\_\_

The student must observe patients being performed in the sonography department for a minimum of 4 hours. Please observe at least 5 different sonographic procedures.

Exam Name	Sonographer Initials

Sonography Supervisor Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_

Sonography Supervisor Signature: \_\_\_\_\_

Student Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Applicants may fax or mail this document to MCHP Admissions. Fax 207-795-2849