Complete the following steps in numerical order to ensure no steps are missed.

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| 1. Download and read the [Information Packet,](https://www.dallascollege.edu/cd/credit/pages/ecc-health-packets-sessions.aspx) applicable to the semester of your desired application\*. Information packets are updated and released annually by October 1st.   \* Student applicants are responsible for ensuring they have downloaded and are following the updated packet each year which contains the latest program information. |
| 1. Follow the Program Application Checklist relevant to the award being sought (AAS or ATC) to verify that all prerequisites to application have been completed. |
| 1. Follow instructions provided in the [Information Session](https://dcccd-my.sharepoint.com/:p:/g/personal/hxh0005_dcccd_edu/EVvwr0ZZHwJFobsBNXUMP_0BH7qLFIQD5lYtlnLEK_dATQ?e=6LJTks) to request access to the Secure Link\* during its annual availability window: October 1st through December 15th\*\*   \*Those who qualify, based on the information provided by the applicant within the questionnaire, will be emailed access to the **Secure Link** at their Dallas College email address. Those who do not qualify will receive email notification and additional instructions  \*\*The **Secure Link** is required for uploading the requested PDF document, which contains all supporting documentation, prior to the application filing deadline described in the program Information Packet. **Secure Link** access will not be provided for requests received beyond December 15th.   1. Proceed through the Application Steps on the following pages to apply using the Secure Link by the application filing deadline: *11:59pm on December 31st* |

Application Steps are contained on the following pages.

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| **APPLICATION STEPS**  ***Instructions****: Use the following file naming format when saving requested documentation for Steps 2 through 14. After you complete the first 14 steps, step 15 will guide you through combining the saved files into a single PDF document for submission in the final step.*  File Naming Format:  Application Step# – DESCRIPTION – Student Last Name – Student First Name – Semester  Example: If your name is Clark Kent and you are completing Step 2, the ACS APPLICATION, and you wish to apply to the program in Fall of the current year, the file you save to your personal device should have the following file name: 2-APPLICATION-Kent-Clark-Fall202x | |
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| **1.) TRANSCRIPTS:** | |
| All transcripts from colleges attended must be submitted to Dallas College in order to apply to the Diagnostic Medical Sonography program (even if not transferring credits). Submit all transcripts via email to: [studenttranscripts@dallascollege.edu](mailto:studenttranscripts@dcccd.edu) *It is not necessary to submit Dallas College transcripts.* | |
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| **2.) DMS APPLICATION:** | |
| Download to complete the linked form: [Diagnostic Medical Sonography Application.](https://dcccd.sharepoint.com/:w:/s/DiagnosticMedicalSonographyPortfolio/Ef0m4J4oQMxEqPodB0aQGe0BvH702nnJNQezHRVBIwiStA?e=GuWUuo) Save the completed form using the prescribed file naming format. | |
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| **3.) RESPONSIBILITY STATEMENT:** | |
| Download to complete the linked form: [Statement of Students' Responsibility](https://dcccd-my.sharepoint.com/:w:/g/personal/hxh0005_dcccd_edu/EV6qtQa34H5IsLKy0mASEBsBPuIzMFllApdX2-1_vY4hxg?e=O4hXG4). Be sure to initial each statement, then save the completed form using the prescribed file naming format. | |
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| **4.) ACKNOWLEDGEMENT:** | |
| Download and complete each of the three linked forms below. Save the completed forms as applicable for steps 4a through 4c using the prescribed file naming format.  4a) [Dallas College Clinical Site Vaccination Requirements](https://dcccd-my.sharepoint.com/:w:/g/personal/hxh0005_dcccd_edu/EaIw105fCItLp5UTupZgQnsBP0GxH97ziPflA3rXUqpjAQ?e=7126xP)  4b) [Acknowledgement of Immunization Form](https://dcccd-my.sharepoint.com/:w:/g/personal/hxh0005_dcccd_edu/Eaw5B8S30XZApimAkOKX-4YBOIbKpN7uwYKXaO6kBovvWQ?e=xKEct6)  4c) [Student Self Certification Document](https://dcccd-my.sharepoint.com/:w:/g/personal/hxh0005_dcccd_edu/EaSFGa8mTkhFkEaTE8X3sJUBqYZWCnLX9qu6Spc07U5xWg?e=8XTwTN) | |
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| **5.) HESI:** | |
| All applicants to the Diagnostic Medical Sonography program must earn a minimum score of 70 or higher on the following five sections of the HESI A2 exam: Reading ***Comprehension, Grammar, Vocabulary/General Knowledge, Math, and Anatomy/Physiology.***  Test scores are valid for **two years** from the date of testing to the application filing deadline date.  Save test result sheet for the five (5) required sections (as a single pdf file) using the prescribed file naming format. | |
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| **6.) ESSENTIAL REQUIREMENTS:** | |
| Download to complete the linked form: [Essential Requirements for the DMS Student](https://dcccd-my.sharepoint.com/:w:/g/personal/hxh0005_dcccd_edu/Een8KXCc-ntJs3FUxRCVClEBDnGRcoGgigL1amrm_aPPRw?e=cAjzNc). Save the completed form using the prescribed file naming format. | |
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| **7.) HEPATITIS B:** | |
| Hepatitis B series (2 or 3 dose) (Hepatitis A/B combo series accepted) AND Positive Hepatitis B Surface Antibody titer. If Hep B vaccine documentation cannot be found, a positive titer will be sufficient. If the 1st titer is negative or equivocal, series must be repeated, and a 2nd titer drawn.  Save results of the titer(s) and vaccinations (as a single pdf file) using the prescribed file naming format. | |
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| **12.) PHI THETA KAPPA:** *if applicable* |
| Save a photocopy of your official PHI THETA KAPPA membership card / certificate. (as a pdf) using the prescribed file naming format. |
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| **13.) 5 YEAR TIME LIMIT WAIVERS:** *if applicable* [Five Year Time Limit Waiver Petition](https://dcccd.sharepoint.com/:w:/s/DiagnosticMedicalSonographyPortfolio/EXqHVsIy6OdBhGgNPsLZVJ4BRezlt_zyTaog6PFysqhaGQ?e=pMW9H1) |
| May be submitted for courses such as: SCIT 1420 (Physics for Allied Health), PHYS 1401 (College Physics I), BIOL 2401, and BIOL 2402.    5 Year Waiver Criteria   1. The applicant has **current work** experience in a healthcare setting utilizing their related physics and applicable course knowledge. 2. The applicant has successfully completed applicable **advanced courses** in a related subject area with a grade of “C” or higher.   **Please contact your assigned** [**Pathway Specialist**](mailto:AskSOHS@dallascollege.edu) **for additional assistance.**  Save waiver form(s) if applicable (as a single pdf file) using the prescribed file naming format. |
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| **14.) Additional Documentation:** *if applicable* |
| Additional documentation of the application requirements may be submitted***,*** such as:   * Direct patient care work experience documented and signed on company letterhead * Current professional credential documentation * Current related certification documentation * Community service documented and signed from service activity * explanation of any particular application requirement to be considered as part of this application.   Save the additional documentation as applicable using the prescribed file naming format.  **15.) Combine Files:** After completing the previous 14 Application Steps, having saved requested files using the prescribed file naming format, you are now ready to combine all files (in numeric order) into a single PDF document for submission to the **Secure Link**. A [tutorial](https://www.youtube.com/watch?v=5c2gSgBrRj0) has been linked for assistance with this process.  File Naming Format:  Student Last Name – Student First Name – Semester  *Example: If your name is Clark Kent and you have combined all files into a single PDF document for submission as instructed above, the file you save to your personal device should have the following file name: Kent-Clark-Fall202x*  Once this final PDF (containing all application documentation) has been created, proceed to step 16.  **16.) SUBMISSION:**  Submit the final PDF document, created in step 15, to the Secure Link using the instructions sent to your Dallas College email. |
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