



**Community Regional Medical Center  
Diagnostic Medical Sonography Program**

# **APPLICATION**

***The application period for  
DMSP – Cohort #5  
(January, 2019 to July, 2020)  
has concluded. Therefore the  
application which follows is no  
longer valid.***

**Applications for  
DMSP - Cohort #6  
(January, 2021 to July, 2022)  
will be available in January, 2020.  
They must be submitted between  
July 27<sup>th</sup> and August 14th, 2020.**



**Community Regional Medical Center**  
**Diagnostic Medical Sonography Program**  
General Track and Adult Cardiac Track

## **APPLICATION CHECK-OFF LIST**

**A completed application MUST include the following:**

- Application for Admission**
- Copy of your College Diploma**  
*If Applicable - B.A. / B.S. degree or higher in ANY subject*
- Copy of your Allied Health License**  
*If Applicable – Must be in one of these four disciplines: Registered Nurse, Licensed Vocational Nurse, Respiratory Therapist, or Radiologic Technologist/Radiographer*
- Official Transcripts**  
*From ALL colleges and universities attended, in sealed envelopes*
- “Understanding of Program Regulations” Form**  
*Included in this packet*
- Copy of IELTS or TOEFL (iBT) Test Results**  
*From foreign applicants or applicants in the U.S. who grew up in a foreign country*
- Application Fee (\$50.00)**  
*Nonrefundable, Money Orders Only, Payable to “D.M.S.P.”*

***Applications will be accepted from July 23 to August 10, 2018 (ONLY).***

***Applications received before July 23<sup>rd</sup> or after August 10<sup>th</sup> will be rejected.***

**DELIVER OR MAIL YOUR APPLICATION TO:**

Community Regional Medical Center  
Trauma Critical Care Building  
3rd Floor, Ultrasound Department  
2823 Fresno Street  
Fresno, California 93721



**Community Regional Medical Center**  
**2823 Fresno St.**  
**Fresno, CA 93721**

# **Diagnostic Medical Sonography Program**

## **APPLICATION FOR ADMISSION**

### **PLEASE PRINT**

Which track/s are you applying for?  General  Adult Cardiac  
 Both – What is your first choice? \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Former Name/s: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: *(If different from above)* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone

Are you an American citizen? \_\_\_\_\_ If not, do you have a valid Green Card? \_\_\_\_\_

Allied Health Degree(s) You Have Earned: *(You MUST provide a copy of your professional license and your transcripts)*

Type: \_\_\_\_\_ College/University: \_\_\_\_\_

Type: \_\_\_\_\_ College/University: \_\_\_\_\_

BA or BS Degrees You Have Earned: *(You MUST provide a copy of your diploma and your transcripts)*

Type: \_\_\_\_\_ College/University: \_\_\_\_\_

Type: \_\_\_\_\_ College/University: \_\_\_\_\_

What is your cumulative Grade Point Average (GPA) for all undergraduate work? \_\_\_\_\_

List the college-level classes you have taken that fulfill our prerequisites:

*If more than one class fulfills the prerequisite, list the one in which you received the highest grade*

**Anatomy** (Or a combined class of Anatomy & Physiology)

Name of Class: \_\_\_\_\_ # of Units \_\_\_\_ Grade \_\_\_\_ Include Lab? Y or N  
Institution: \_\_\_\_\_ Year: \_\_\_\_\_ Term: \_\_\_\_\_  
Are you taking this class now or in the fall? \_\_\_\_ When will it be completed? \_\_\_\_\_

**Physiology** (Leave blank if you took a combined class of Anatomy & Physiology)

Name of Class: \_\_\_\_\_ # of Units \_\_\_\_ Grade \_\_\_\_ Include Lab? Y or N  
Institution: \_\_\_\_\_ Year: \_\_\_\_\_ Term: \_\_\_\_\_  
Are you taking this class now or in the fall? \_\_\_\_ When will it be completed? \_\_\_\_\_

**Physics**

Name of Class: \_\_\_\_\_ # of Units \_\_\_\_ Grade \_\_\_\_  
Institution: \_\_\_\_\_ Year: \_\_\_\_\_ Term: \_\_\_\_\_  
Are you taking this class now or in the fall? \_\_\_\_ If so, when will it be completed? \_\_\_\_\_

**Math** (Algebra or higher)

Name of Class: \_\_\_\_\_ # of Units \_\_\_\_ Grade \_\_\_\_  
Institution: \_\_\_\_\_ Year: \_\_\_\_\_ Term: \_\_\_\_\_  
Are you taking this class now or in the fall? \_\_\_\_ If so, when will it be completed? \_\_\_\_\_

**English** (Grammar and/or composition)

Name of Class: \_\_\_\_\_ # of Units \_\_\_\_ Grade \_\_\_\_  
Institution: \_\_\_\_\_ Year: \_\_\_\_\_ Term: \_\_\_\_\_  
Are you taking this class now or in the fall? \_\_\_\_ If so, when will it be completed? \_\_\_\_\_

**Communication** (Speech, group discussion, etc.)

Name of Class: \_\_\_\_\_ # of Units \_\_\_\_ Grade \_\_\_\_  
Institution: \_\_\_\_\_ Year: \_\_\_\_\_ Term: \_\_\_\_\_  
Are you taking this class now or in the fall? \_\_\_\_ If so, when will it be completed? \_\_\_\_\_

**Medical Terminology** (This class can be taken at a college, junior college, adult school, or online)

Name of Class: \_\_\_\_\_ # of Units \_\_\_\_ Grade \_\_\_\_  
Institution: \_\_\_\_\_ Year: \_\_\_\_\_ Term: \_\_\_\_\_  
Are you taking this class now or in the fall? \_\_\_\_ If so, when will it be completed? \_\_\_\_\_

**Patient Care Experience** (Preferred but not required. Please provide verification of Patient Care Experience if applicable)

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

I hereby certify that all statements in this application are complete and true.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_



# Community Regional Medical Center

## Diagnostic Medical Sonography Program

### General Track and Adult Cardiac Track

## UNDERSTANDING OF PROGRAM REGULATIONS

Name: *(Please Print)* \_\_\_\_\_

- I understand CRMC reserves the right to revise enrollment requirements, program prerequisites and/or selection procedures at **ANYTIME**.
- I understand it is my responsibility to meet enrollment requirements, program prerequisites, to follow proper application procedures, to provide transcripts and to keep informed on revisions regarding the program.
- I understand that if I submit an application packet before July 23, or after August 10, 2018, it will be rejected.
- I understand that if I submit an application packet that is incomplete, or does not meet enrollment requirements, program prerequisites/application requirements, it will be returned to me with an explanation of why it was returned and the date of submission of my application becomes null and void.
- I understand that if my application is accepted I will be required to appear in person at an interview in Fresno, CA, between September 1-30, 2018 (time & date to be determined).
- I understand that if I am admitted into the program, failure to notify the Program Director with a "Confirmation of Acceptance" in the allotted time prescribed constitutes grounds to assign my position to an alternate. My name will also be removed from the enrollment list.
- I understand that if I am admitted into the program and I must decline acceptance, my slot will go to the next student on the enrollment list.
- I understand that if I fail to successfully complete the first course level of the Diagnostic Medical Sonography Program (**Adult Cardiac or General**) and wish to re-enter, I will be considered a new applicant and all new program fees will be applied.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

<i>For Office Use Only</i> <b>COMPLETE APPLICATION RECEIVED ON:</b>	
Date: _____	Program Director: _____

# Community Regional Medical Center

## Diagnostic Medical Sonography Program

### GENERAL TRACK PROGRAM COSTS

Cohort #5 – 2019/2020

#### TUITION AND FEES

Application Fee ( <i>Nonrefundable</i> )	\$50.00
Tuition	\$22,950.00
<b>TOTAL TUITION AND FEES</b>	<b>\$23,000.00</b>

#### ADDITIONAL EXPENSES

Basic Life Support for Healthcare Professionals Class	\$89.00
Physical & Immunizations*	\$200.00
Uniforms*	\$180.00
Books*	\$1,200.00
Background Clearance & Drug Screening	\$68.00
Medical Document Management (CastleBranch)	\$30.00
Liability Insurance purchased through SDMS (\$30/year x 2 years)	\$60.00
SDMS Student Membership	\$40.00
<b>TOTAL ADDITIONAL EXPENSES</b>	<b>\$1867.00</b>

#### LICENSING

ARDMS (Sonographic Principles & Instrumentation)	\$200.00
ARDMS (Obstetrics/Gynecology)	\$250.00
ARDMS (Abdomen)	\$250.00
<b>TOTAL LICENSING EXPENSES</b>	<b>\$700.00</b>

**TOTAL PROGRAM EXPENSE\*** **\$25,567.00**

*\*Estimates – Prices Subject to Change*

# Community Regional Medical Center

## Diagnostic Medical Sonography Program

### ADULT CARDIAC TRACK PROGRAM COSTS

Cohort # – 2019/2020

#### TUITION AND FEES

Application Fee ( <i>Nonrefundable</i> )	\$50.00
Tuition	\$22,950.00
<b>TOTAL TUITION AND FEES</b>	<b>\$23,000.00</b>

#### ADDITIONAL EXPENSES

Basic Life Support for Health Care Professionals Class	\$89.00
Physical & Immunizations*	\$200.00
Uniforms*	\$180.00
Books*	\$1,200.00
Background Clearance & Drug Screening	\$68.00
Medical Document Management (CastleBranch)	\$30.00
Liability Insurance purchased through SDMS (\$30/year x 2 years)	\$60.00
SDMS Student Membership	\$40.00
<b>TOTAL ADDITIONAL EXPENSES</b>	<b>\$1867.00</b>

#### LICENSING

ARDMS (Sonographic Principles & Instrumentation)	\$200.00
ARDMS (Adult Echocardiography)	\$250.00
<b>TOTAL LICENSING</b>	<b>\$450.00</b>

**TOTAL PROGRAM EXPENSE\*** **\$25,317.00**

*\*Estimates – Prices Subject to Change*

**Diagnostic Medical Sonography Program**

**GENERAL CLASS SCHEDULE**

*Cohort #5 - January 8, 2019 to July 24, 2020*

	Start	End	Times	Day(s)	Lec. Hrs.	Lab Hrs.
<b>1st Course Level - 9 Weeks</b>						
Basic Ultrasound Physics	1/8/2019	3/4/2019	5:45p-10p	Tuesday	18	27
Introduction to Sonography	1/10/2019	3/7/2019	5:45p-10p	Thursday	18	27
<b>Course Level Break - March 11 to March 15, 2019</b>						
<b>2nd Course Level - 18 Weeks</b>						
Abdominal Sonography	3/19/2019	7/23/2019	5:45p-10p	Tuesday	36	36
Beginning Clinical Experience I	3/18/2019	7/26/2019	8a-3:00p	M,W,Th,F		504
Spring Break - April 15-19; Memorial Day - May 27; Independence Day, July 4						
<b>Course Level Break - July 29 to August 2, 2019</b>						
<b>3rd Course Level - 18 Weeks</b>						
Obstetrics and Gynecology	8/6/2019	12/3/2019	5:45p-10p	Tuesday	36	36
Beginning Clinical Experience II	8/5/2019	12/5/2019	8a-3:00p	M,W,Th,F		504
Labor Day - September 2; Veterans Day - Nov. 11; Thanksgiving Break - Nov. 28-29						
<b>Course Level Break - December 9 to January 3, 2020</b>						
<b>4th Course Level - 9 Weeks</b>						
Advanced Ultrasound Physics	1/9/2020	3/5/2020	5:45p-10p	Tuesday	27	
Advanced Clinical Experience I	1/6/2020	3/6/2020	8a-3:00p	M,W,Th,F		252
Superficial Structures	1/7/2020	3/3/2020	5:45p-10p	Thursday	9	27
<b>Course Level Break - March 9 to March 13, 2020</b>						
<b>5th Course Level - 18 Weeks</b>						
Integrative Study in Sonography	3/17/2020	7/21/2020	5:45p-10p	Tuesday	36	
Advanced Clinical Experience II	3/16/2020	7/24/2020	8a-3:00p	M,W,Th,F		504
Basics of Vascular Sonography	3/19/2020	7/23/2020	5:45p-10p	Thursday	27	27
Spring Break - April 6-10; Memorial Day - May 25; Independence Day - July 4						

*Any clinical hours missed due to a holiday will be made up by arrangement.*

*There is a 30 minute lunch included for all clinical days assigned.*



**Diagnostic Medical Sonography Program**

**ADULT CARDIAC CLASS SCHEDULE**

*Cohort #5- January 8, 2019 to July 24, 2020*

	<b>Start</b>	<b>End</b>	<b>Times</b>	<b>Day(s)</b>	<b>Lec. Hrs.</b>	<b>Lab Hrs.</b>
<b>1st Course Level - 9 Weeks</b>						
Basic Ultrasound Physics	1/8/2019	3/4/2019	5:45p-10p	Tuesday	18	27
Introduction to Sonography	1/10/2019	3/7/2019	5:45p-10p	Thursday	18	27
<b>Course Level Break - March 11 to March 15, 2019</b>						
<b>2nd Course Level - 18 Weeks</b>						
Echocardiography	3/21/2019	7/25/2019	5:45p-10p	Thursday	18	27
Beginning Clinical Experience I	3/18/2019	7/26/2019	8a-3:00p	M,Tu,W, F		504
<b>Spring Break - April 15-19; Memorial Day - May 27; Independence Day - July 4</b>						
<b>Course Level Break - July 29 to August 2, 2019</b>						
<b>3rd Course Level - 18 Weeks</b>						
Cardiac Physiology & Principles (1st 9 weeks)	8/8/2019	10/3/2019	5:45p-10p	Thursday	36	36
Advanced Echocardiography (2nd 9 weeks)	10/10/2019	12/4/2019	5:45p-10p	Thursday	18	18
Beginning Clinical Experience II	8/5/2019	12/5/2019	8a-3:00p	M,Tu,W, F		504
<b>Labor Day - September 2; Veterans Day - Nov. 11; Thanksgiving Break - Nov. 28-29</b>						
<b>Course Level Break - December 9 to January 3, 2020</b>						
<b>4th Course Level - 9 Weeks</b>						
Advanced Ultrasound Physics	1/9/2020	3/5/2020	5:45p-10p	Tuesday	27	
Advanced Clinical Experience I	1/6/2020	3/6/2020	8a-3:00p	M,Tu,W, F		252
<b>Course Level Break - March 9 to March 13, 2020</b>						
<b>5th Course Level - 18 Weeks</b>						
Integrative Study in Sonography	3/17/2020	7/21/2020	5:45p-10p	Tuesday	36	
Advanced Clinical Experience II	3/16/2020	7/24/2020	8a-3:00p	M,Tu,W, F		504
Basics of Vascular Sonography	3/19/2020	7/23/2020	5:45p-10p	Thursday	27	27
<b>Spring Break - April 6-10; Memorial Day - May 25; Independence Day - July 4</b>						

*Any clinical hours missed due to a holiday will be made up by arrangement.  
There is a 30 minute lunch included for all clinical days assigned.*