



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

# **APPLICATION**

## **Cohort #9 – 2027/2028**

*Abdominal-Extended & OB/GYN Sonography  
and Adult Cardiac Sonography*

### **Admission Policies & Procedures**

Completed application packets are to be returned to the department from July 13 to July 31, 2026 ONLY. Applications received before July 13<sup>th</sup> or after July 31<sup>st</sup> will be rejected. Every applicant who has submitted a completed application, and meets the program admission requirements, will be scheduled to come in for a panel interview to conclude the application process. The interviews will be conducted in Fresno at designated times between September 1-30, 2026.

Enrollment will be based on submission of a completed Application & Application Questionnaire, along with the results of a Panel Interview. The interview panelists will use an application rubric to grade the applicants. The top finalists will be selected for admission into the program. 8-9 students will be accepted for the Abdominal-Extended & OB/GYN track and 8-9 for Adult Cardiac Sonography track.



**Community Regional Medical Center**  
**Diagnostic Medical Sonography Program**  
Abdominal-Extended & OB/GYN Sonography and  
Adult Cardiac Sonography

## **APPLICATION CHECK-OFF LIST**

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

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

***Applications will be accepted from July 13 to July 31, 2026 (ONLY).***

***Applications received before July 13<sup>th</sup> or after July 31<sup>st</sup> will be rejected.***

**DELIVER OR MAIL YOUR APPLICATION TO:**

**Community Regional Medical Center  
Trauma Critical Care Building – 3<sup>rd</sup> Floor  
Radiology/Sonography Program  
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? ☐ Abdominal-Extended & OB/GYN ☐ 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) \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Other 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 or will Earn by December 31, 2026:

*You **MUST** provide a copy of your transcripts and diploma (if available).*

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, Statistics will also qualify)*

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)*

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

# APPLICATION QUESTIONNAIRE

*Please submit your answers to the following questions. Guidelines:*

- *Your response to each question must be no longer than 100 words.*
  - *Your responses cannot be handwritten. They must be typed in a 12-point font.*
  - *Your responses must be single spaced with one inch margins.*
- 

1. Why do you want to be a **SONOGRAPHER**?
2. What **STRENGTHS** do you bring to the program?
3. What are your **FIVE YEAR GOALS**?
4. What **OBJECTIVES / OUTCOMES** do you expect from this educational program?

**NOTE:** *Do not type your responses on this page.*



# Community Regional Medical Center

## Diagnostic Medical Sonography Program

Abdominal-Extended & OB/GYN Sonography and  
Adult Cardiac Sonography

## 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 13, 2026, or after July 31, 2026, 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, 2026 (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 (**Abdominal-Extended & OB/GYN** or **Adult Cardiac**) and wish to re-enter, I will be considered a new applicant and all new program fees will be applied.
- ☐ I understand that CRMC is not a Federal Student Aid (FSA) eligible educational institution. I understand that I will not be able to take advantage of any FSA grant, loan, work study, or G.I. Bill program. I understand that I will not be issued a yearly IRS Form 1098-T for obtaining education-related tax credits and that I may not qualify for the deferment of my previous student loans (if any).

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

*For Office Use Only*  
**COMPLETE APPLICATION RECEIVED ON:**

Date: \_\_\_\_\_ Program Director: \_\_\_\_\_

# Community Regional Medical Center

## Diagnostic Medical Sonography Program

### ABDOMINAL-EXTENDED & OB/GYN SONOGRAPHY PROGRAM COSTS

Cohort #9 – 2027/2028

#### TUITION AND FEES

Application Fee ( <i>Nonrefundable</i> )	\$50.00
Tuition	\$24,950.00
<b>TOTAL TUITION AND FEES</b>	<b>\$25,000.00</b>

#### ADDITIONAL EXPENSES

Basic Life Support for Healthcare Professionals Class	\$80.00
Physical & Immunizations*	\$200.00
Uniforms*	\$180.00
Books*	\$425.00
Background Clearance, Drug Screening, Data Tracking	\$106.00
Liability Insurance (\$28/year x 2 years)	\$56.00
Trajecsys (24 months)	\$150.00
<b>TOTAL ADDITIONAL EXPENSES</b>	<b>\$1,197.00</b>

#### LICENSING

ARDMS (Sonographic Principles & Instrumentation)	\$275.00
ARDMS (Obstetrics/Gynecology)	\$300.00
ARDMS (Abdomen)	\$300.00
<b>TOTAL LICENSING EXPENSES</b>	<b>\$875.00</b>

**TOTAL PROGRAM EXPENSE\*** **\$27,072.00**

*\*Estimates – Prices Subject to Change*

# Community Regional Medical Center

## Diagnostic Medical Sonography Program

### ADULT CARDIAC SONOGRAPHY PROGRAM COSTS

#### Cohort #9 – 2027/2028

#### **TUITION AND FEES**

Application Fee ( <i>Nonrefundable</i> )	\$50.00
Tuition	\$24,950.00
<b>TOTAL TUITION AND FEES</b>	<b>\$25,000.00</b>

#### **ADDITIONAL EXPENSES**

Basic Life Support for Health Care Professionals Class	\$80.00
Physical & Immunizations*	\$200.00
Uniforms*	\$180.00
Books*	\$705.00
Background Clearance, Drug Screening, Data Tracking	\$106.00
Liability Insurance (\$28/year x 2 years)	\$56.00
Basic EKG Online Course	\$200.00
Trajecsyst (24 months)	\$150.00
<b>TOTAL ADDITIONAL EXPENSES</b>	<b>\$1,677.00</b>

#### **LICENSING**

ARDMS (Sonographic Principles & Instrumentation)	\$275.00
ARDMS (Adult Echocardiography)	\$300.00
<b>TOTAL LICENSING</b>	<b>\$575.00</b>

<b>TOTAL PROGRAM EXPENSE*</b>	<b>\$27,252.00</b>
-------------------------------	--------------------

*\*Estimates – Prices Subject to Change*



Diagnostic Medical Sonography Program

# ABDOMINAL-EXTENDED & OB/GYN

## CLASS SCHEDULE

*Cohort #9 - January 5, 2027 to July 15, 2028*

<b>1st COURSE LEVEL - 9 Weeks</b>	<b>Start</b>	<b>End</b>	<b>Times</b>	<b>Day(s)</b>	<b>Lec. Hrs.</b>	<b>Lab Hrs.</b>
Basic Ultrasound Physics	1/5/2027	3/2/2027	5:45p-10p	Tuesday	18	27
Introduction to Sonography	1/7/2027	3/4/2027	5:45p-10p	Thursday	18	27
<b>Course Level Break - None</b>						
<b>2nd COURSE LEVEL - 18 Weeks</b>	<b>Start</b>	<b>End</b>	<b>Times</b>	<b>Day(s)</b>	<b>Lec. Hrs.</b>	<b>Lab Hrs.</b>
Abdominal Sonography	3/9/2027	7/13/2027	5:45p-10p	Tuesday	36	36
Beginning Clinical Experience I	TBA	7/16/2027	8a-3:00p	Weekdays		504
<b>Spring Break - March 29 to April 2; Memorial Day - May 31; Independence Day, July 4</b>						
<b>Course Level Break - July 21 to 25, 2025</b>						
<b>3rd COURSE LEVEL - 18 Weeks</b>	<b>Start</b>	<b>End</b>	<b>Times</b>	<b>Day(s)</b>	<b>Lec. Hrs.</b>	<b>Lab Hrs.</b>
Obstetrics and Gynecology	7/27/2027	11/23/2027	5:45p-10p	Tuesday	36	36
Beginning Clinical Experience II	7/26/2027	11/26/2027	8a-3:00p	Weekdays		504
<b>Labor Day - Sept. 6; Veterans Day - Nov. 11; Thanksgiving - Nov. 25 to 26</b>						
<b>Course Level Break - November 29, 2027 to December 31, 2027</b>						
<b>4th COURSE LEVEL - 9 Weeks</b>	<b>Start</b>	<b>End</b>	<b>Times</b>	<b>Day(s)</b>	<b>Lec. Hrs.</b>	<b>Lab Hrs.</b>
Advanced Ultrasound Physics	1/4/2028	3/4/2028	5:45p-10p	Tuesday	18	
Basics of Vascular Sonography	1/4/2028	2/29/2028	5:45p-10p	Tuesday	27	27
Advanced Clinical Experience I	1/3/2028	3/3/2028	8a-3:00p	Weekdays		252
<b>Course Level Break - None (in Lieu of Spring Break)</b>						
<b>5th COURSE LEVEL- 18 Weeks</b>	<b>Start</b>	<b>End</b>	<b>Times</b>	<b>Day(s)</b>	<b>Lec. Hrs.</b>	<b>Lab Hrs.</b>
Integrative Study in Sonography	3/7/2028	7/11/2028	5:45p-7p	Tuesday	27	
Superficial Structures	3/7/2028	7/11/2028	7p-10p	Tuesday	18	27
Advanced Clinical Experience II	3/6/2028	7/14/2028	8a-3:00p	Weekdays		504
<b>Spring Break - March 27 to March 31; Memorial Day - May 29; Independence Day - July 4</b>						
<b>Graduation Ceremony - July 15, 2028</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.*

Diagnostic Medical Sonography Program

# ADULT CARDIAC CLASS SCHEDULE

Cohort #9 - January 5, 2027 to July 15, 2028

<b>1st COURSE LEVEL - 9 Weeks</b>	<b>Start</b>	<b>End</b>	<b>Times</b>	<b>Day(s)</b>	<b>Lec. Hrs.</b>	<b>Lab Hrs.</b>
Basic Ultrasound Physics	1/5/2027	3/2/2027	5:45p-10p	Tuesday	18	27
Introduction to Sonography	1/7/2027	3/4/2027	5:45p-10p	Thursday	18	27
<b>Course Level Break - None</b>						
<b>2nd COURSE LEVEL - 18 Weeks</b>	<b>Start</b>	<b>End</b>	<b>Times</b>	<b>Day(s)</b>	<b>Lec. Hrs.</b>	<b>Lab Hrs.</b>
Cardiac Physiology & Principles	3/9/2027	7/13/2027	5:45p-10p	Thursday	36	36
Beginning Clinical Experience I	TBA	7/16/2027	8a-3:00p	Weekdays		504
<b>Spring Break - March 29 to April 2; Memorial Day - May 31; Independence Day, July 4</b>						
<b>Course Level Break - July 19 to 23, 2027</b>						
<b>3rd COURSE LEVEL - 18 Weeks</b>	<b>Start</b>	<b>End</b>	<b>Times</b>	<b>Day(s)</b>	<b>Lec. Hrs.</b>	<b>Lab Hrs.</b>
Echocardiography	7/27/2027	11/23/2027	5:45p-10p	Thursday	36	36
Beginning Clinical Experience II	7/26/2027	11/26/2027	8a-3:00p	Weekdays		504
<b>Labor Day - Sept. 6; Veterans Day - Nov. 11; Thanksgiving - Nov. 25 to 26</b>						
<b>Course Level Break - November 29, 2027 to December 31, 2027</b>						
<b>4th COURSE LEVEL - 9 Weeks</b>	<b>Start</b>	<b>End</b>	<b>Times</b>	<b>Day(s)</b>	<b>Lec. Hrs.</b>	<b>Lab Hrs.</b>
Advanced Ultrasound Physics	1/4/2028	3/4/2028	5:45p-10p	Thursday	18	
Basics of Vascular Sonography	1/4/2028	2/29/2028	5:45p-10p	Thursday	27	27
Advanced Clinical Experience I	1/3/2028	3/3/2028	8a-3:00p	Weekdays		252
<b>Course Level Break - None (in Lieu of Spring Break)</b>						
<b>5th COURSE LEVEL- 18 Weeks</b>	<b>Start</b>	<b>End</b>	<b>Times</b>	<b>Day(s)</b>	<b>Lec. Hrs.</b>	<b>Lab Hrs.</b>
Integrative Study in Sonography	3/7/2028	7/11/2028	5:45p-7p	Thursday	27	
Advanced Echocardiography	3/7/2028	7/11/2028	7p-10p	Thursday	18	27
Advanced Clinical Experience II	3/6/2028	7/14/2028	8a-3:00p	Weekdays		504
<b>Spring Break - March 27 to March 31; Memorial Day - May 29; Independence Day - July 4</b>						
<b>Graduation Ceremony - July 15, 2028</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.*