



**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
APPLICATION INSTRUCTIONS**

Delgado Community College
Allied Health Admissions
615 City Park Avenue
Building 4, Room 313
New Orleans, LA 70119
Phone: 504-671-6201 Fax: 504-483-4609

Thank you for your interest in the **Diagnostic Medical Sonography Program**.

Please review all instructions before beginning the application.

YOUR ADMISSIONS PACKET FOR THE SONOGRAPHY PROGRAM SHOULD CONTAIN:

- *Application (Information must be “Typed” using the fillable form and printed)
- *Technical Standards MOU Form / Acknowledgement Statement Form
- *Documentation of Observation form(s) in Sealed/Signed Envelope(s)
- *Official Transcripts of all Colleges attended
- *Personal Statement (Narrative)

APPLICATION PACKET “POSTMARK” DEADLINE

*If the deadline falls on a weekend, the deadline will be the following weekday.
You may hand deliver to City Park Allied Health Admission Office*

MAY 1st

(Class Beginning – August each year)

APPLICATION INSTRUCTIONS

Your application form will be processed only if the packet is complete. We request that you carefully complete the forms and include all supplemental documents required.

FAILURE TO PROPERLY COMPLETE THE FORM WILL SIGNIFICANTLY DELAY OR PREVENT THE PROCESSING OF YOUR APPLICATION.

- √ Application and Personal Statement (narrative) must be “Typed”.
- √ Be sure to date and sign your application.
- √ An incomplete or illegible application will not be processed.
- √ Keep a *copy* of the application for your records.

EACH PAGE OF EACH DOCUMENT MUST INCLUDE APPLICANT’S NAME AND DATE.

TRANSCRIPTS

- √ An official transcript is required for **EACH** college or university attended other than Delgado. These **MUST BE INCLUDED IN ALL FILES FOR PROGRAM APPLICANTS**. If the transcript is for a college outside Louisiana, you must also **submit course descriptions to aide in determining course equivalencies**.
- √ The transcripts should be returned (**in sealed envelopes**) enclosed with your application packet that will be submitted to the Allied Health Admissions Office.
PLEASE DO NOT OPEN THE SEALED ENVELOPE(S).

If academic renewal has been granted by another college, you must submit the transcript as documentation.

Note: If you send your application packet DURING ANY semester, while you are enrolled in a college/university, it will be necessary for you to submit updated transcripts after completion of that particular semester.

Acknowledgement and Notification of Missing Credentials:

An Acknowledgment verifying receipt of your application by the Allied Health Admissions Office will be sent via email provided on Application. Notification of Missing Credentials email may be sent at a later date if your application packet is missing any information.

DOCUMENTATION OF OBSERVATION FORMS

Distribute the Documentation of Observation Forms to the appropriate individuals accompanied by a self-addressed, stamped verification return envelope. When the verifications are returned to you, **DO NOT OPEN** – envelopes with broken seals will **NOT** be reviewed. (The individual who prepares your evaluation may deliver it to you in person only if sealed and signed, then include in your packet for submission)
(Maximum of 40 hours is recommended.)

RETURN TO THE OFFICE OF ALLIED HEALTH ADMISSIONS

- √ Completed **APPLICATION** (Be sure it is dated and signed.)
- √ Sealed, Signed envelope(s) containing **official TRANSCRIPTS** from every college or university attended other than Delgado
- √ Technical Standards Form / Acknowledgement Statement Form
- √ **Documentation of Observation** Form, from each Observation Site attended, in sealed and signed envelope(s).
- √ **Typewritten** Personal Statement (Narrative)

**RETURN ALL OF THE ABOVE DOCUMENTS TO:
DELGADO COMMUNITY COLLEGE, ALLIED HEALTH DIVISION, OFFICE OF
ADMISSIONS, 615 City Park Avenue, Building 4, Room 313, New Orleans, LA 70119.**

NOTE 1: If you have any questions after reviewing the application,
Please contact the Allied Health Admissions Office – (504)-671-6201.

NOTE 2: Questions regarding program interviews, curriculum, academic
schedules or special circumstances should be directed to the Program
Director, Michael Toups – (504)-571-1435 or mtoups@dcc.edu.

Technical Standards: See Diagnostic Medical Sonography Program Webpage on the College
Website. dcc.edu



**Diagnostic Medical Sonography Program - Post-Associate Certificate
ADMISSION APPLICATION FORM**

Delgado Community College is an equal opportunity facility. The College does not discriminate on the basis of race, color, national origin, gender, age or qualified disability. Successful entry as a student in the program of Diagnostic Medical Sonography will be based upon the merits of past education, medical experience, references, responses to the questions on the application form and possible interview.

This Application must be **Typed**. Illegible or incomplete applications will not be processed.
It is recommended that you ***make a copy of this application for your records***. Be sure to sign and date this application.

PERSONAL DATA:

1. Social Security Number: _____ CW ID(Lola) # _____

2. Full Legal Name: _____
Last First MI

3. Permanent Home Address:

Number & Street Home Phone (Area Code and Number) Cell Phone

City State Zip E-Mail Address

4. Current mailing address if different from permanent address:

Number & Street

City State Zip Area Code and Phone Number

5. Emergency Information:

Person to Contact Relationship Area Code and Phone Number

EDUCATIONAL DATA:

6. List all high schools, trade or vocational schools (use separate sheet if necessary)

Name of School Location Grade Entered Grade Completed Graduated

7. List all colleges and universities you have attended (use separate sheet if necessary)

Name Location Major Dates Attended Degree

FROM _____ TO _____
Mo/Yr Mo/Yr

FROM _____ TO _____
Mo/Yr Mo/Yr

FROM _____ TO _____
Mo/Yr Mo/Yr

8. Are you presently enrolled in college? Yes _____ No _____ Semester _____ Institution _____

List courses you are taking this semester. _____

EMPLOYMENT DATA:

9. List your employment experiences over the past 10 years, including military service. Add additional sheet if necessary.

- 1. _____ FROM _____ TO _____
Mo/Yr Mo/Yr
- 2. _____ FROM _____ TO _____
Mo/Yr Mo/Yr
- 3. _____ FROM _____ TO _____
Mo/Yr Mo/Yr

10. Are you reapplying for this program? Yes ____ No _____. If yes, when did you last apply? _____

11. Are you a veteran of the US Military Service? Yes ____ No _____. If YES, are you eligible for and certified by the Veterans Administration for education benefits? Yes ____ No _____. If YES, attach page to this application and give branch of service, dates entered and separated from service, rank at time of separation and type of discharge.

12. Are you a member of the National Guard or Reserve? Yes ____ No _____. If YES, attach page to application and give branch, days and number of meetings attended each month.

13. Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons? Yes ____ No _____. If YES, give name of institution, date and reason for this action. _____

14. Have you applied for admission to other Allied Health Programs at Delgado? Yes ____ No _____. If YES, give the program name and dates.

15. Are you a U.S. Citizen? Yes ____ No _____.

16. Optional Response: If you have a disability, describe on a separate page any special equipment, architectural modifications, or other factors which would have to be considered by you and by the School/department in planning your educational experience at Delgado Community College if you are accepted for admission.

ALL APPLICANTS PLEASE READ CAREFULLY AND SIGN THE FOLLOWING

Other than a minor traffic violation, have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain on additional page.

NOTE: The National Certification Boards may refuse to grant Certification to persons who have been convicted of a felony.

I understand that the information submitted on this application for admission to Delgado Community College's Allied Health program in my name will be relied upon by Delgado Community College officials to determine my status for admission eligibility. I authorize Delgado Community College officials to verify any information I have provided. I further authorize any and all educational institutions, governmental agencies, and private employers that I have attended, worked for, or who maintain records related to me to release such information to Delgado Community College.

I agree to notify Delgado Community College's Allied Health Admissions Office of any changes to the information provided.

I certify that the information in this application is complete and correct and understand that submission of false, incomplete, or incorrect information is grounds for rejection of my application, withdrawal of any acceptance offer, cancellation of enrollment, or appropriate disciplinary action. I understand it is also necessary to conform to the program's technical standards and requirements concerning a physical examination. If accepted, I agree to abide by and observe all program and affiliate hospital policies, rules and regulations, as amended from time to time.

I also understand that this application is for the Diagnostic Medical Sonography Program only. If accepted to Program, I must apply for admission to Delgado Community College. Completion of this form does not indicate that you are accepted into the program.

Signature of Applicant

Date