



**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
APPLICATION PACKET COMPLETION CHECKLIST**

Please be sure to place these items in your Application Packet (9-inch X 12-inch) envelope before you Mail or submit in person to the Allied Health Admissions Office.

Mail to:

**DELGADO COMMUNITY COLLEGE
ALLIED HEALTH DIVISION / ADMISSIONS
615 City Park Avenue
New Orleans, LA 70119**

Submit in person:

**DELGADO COMMUNITY COLLEGE
ALLIED HEALTH ADMISSIONS OFFICE
615 City Park Avenue
Building 4, Room 313,
City Park Campus**

Please submit your completed application for the Diagnostic Medical Sonography Program No Later Than **May 1st**. APPLICATION PACKET "POSTMARK" DEADLINE. If the deadline falls on a weekend or holiday the deadline will be the following weekday.

_____ Submit Printed Application – Handwritten not accepted (Keep an additional copy for your records).

_____ Submit Typewritten Narrative

_____ Official Transcripts from **ALL** colleges/universities attended other than Delgado Community College in sealed, signed envelope. This is to assure graduation requirements are met.

_____ Course descriptions, which **MUST** be printed from the college catalog, for ALL required courses from out-of-state colleges. (Copied and pasted course descriptions will not be accepted)

_____ Technical Standards questionnaire / Acknowledgement Statement Form

_____ Documentation of Observation Form(s) in sealed, signed envelopes. (Maximum of 40 hours is recommended.)

This application is considered completed only when **ALL** supplemental information requested has been received by the Allied Health Admissions Office.

PLEASE NOTE: Only complete application packets will be processed.

Acknowledgement and Notification of Missing Credentials via email provided on Application.

ALLIED HEALTH MUST BE NOTIFIED OF ANY CHANGE OF ADDRESS, EMAIL, OR PHONE AFTER SUBMISSION OF APPLICATION.

Applicant's Name and Date must appear on each page of the documents submitted.

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.