2027 Application for Admission

IDAHO STATE UNIVERSITY
Diagnostic Medical Sonography Program

The minimum requirement for admission to the DMS program is one of the following:

- ARRT RT(R) registered or registry eligible/graduating from a radiography program.
- AAS, AS, or Bachelor of Science Degree in a medically-related major, AND a minimum of 12-months of patient care experience within the last 5 years, as well as required prerequisite courses.

If you have any questions regarding the application process or transfer equivalency courses, please contact the Medical Imaging office at 208-282-4042 or medicalimaging@isu.edu to consult with an advisor.

The American Registry for Diagnostic Medical Sonography (ARDMS) may prohibit you from taking the certification examination if you have been convicted of a felony or misdemeanor. You must contact the ARDMS to establish your eligibility. This pre-application review must be completed by February 1st or your seat in the program will be forfeited. (ARDMS, 1401 Rockville Pike, Suite 600, Rockville, MD 20852-1402, Phone: (800) 541-9754, Review ARDMS Policy Here

General Information:

1. Name _____ Date of Birth _____

   Bengal ID # _____

2. Address _____
   Street City State Zip Phone #

3. ISU email: _____@isu.edu

   Preferred email: _____

4. Are you an Idaho Resident? ☐yes ☐no

5. Where do you plan to reside during the DMS program? ☐ Blackfoot ☐ Idaho Falls ☐ Pocatello ☐ Rexburg ☐Twin Falls ☐Other_____

6. **Have you ever (for ANY reason) been convicted of a felony or misdemeanor? ◯Yes ◯No**

7. Who to notify in case of an emergency:

   Name_____ Relationship_____

   Address_____ Phone_____

8. For statistical purposes, the Diagnostic Medical Sonography Program would appreciate the following information.

Origin

☐White
☐Black
☐Hispanic
☐Native American Indian
☐Asian/Pacific Islander
☐Other_____
☐Prefer not to answer

Sex ☐M ☐F ☐ Other ____
Pronouns _____
Marital Status_____

9. Educational Background

Current Student Status - Check all appropriate spaces below:

☐Currently enrolled at Idaho State University.
☐Currently enrolled at another college or university: _____

10. Previous degree: ☐yes ☐no Degree awarded: _____

11. ARRT #: _____ Attach ARRT Radiography verification of credentials.

12. Attach verification of additional registry and/or certification in other medical imaging modalities.

	Modality	Certification Organization
1.	_____	_____
2.	_____	_____
3.	_____	_____

13. If you do not have ARRT credentials, attach a copy of your BS/AAS/AS degree as well as proof of patient care experience. Patient care experience should be formatted as a professional resume detailing total number of hours worked, dates worked, your specific role in patient care, and a comprehensive job description.

14. Please have your **OFFICIAL ISU TRANSCRIPT**, **OFFICIAL HIGH SCHOOL TRANSCRIPT IF CLAIMING ADVANCED PLACEMENT OR DUAL ENROLLED CREDITS, AND ALL OTHER OFFICIAL COLLEGE TRANSCRIPTS** sent to:

Idaho State University
Diagnostic Medical Sonography Program
921 S. 8th Ave. Stop 8002
Pocatello, ID 83209-8002

Electronic copies of transcripts may be sent from a university's Registrar office directly to medicalimaging@isu.edu. No electronic copies of transcripts submitted by applicants will be accepted.

15. Please indicate the following information about the courses you have taken:

Required Prerequisite Courses:	Grade	Credits	Course #	University/College
1. Fundamentals of Oral Comm	_____	_____	_____	_____
2. Writing & Rhetoric II	_____	_____	_____	_____
3. Statistical Reasoning	_____	_____	_____	_____
4. Precalculus 1: Algebra	_____	_____	_____	_____
5. Medical Terminology & Comm	_____	_____	_____	_____
6. Essentials of Physics	_____	_____	_____	_____
7. Human Anatomy & Physiology I	_____	_____	_____	_____
8. Human Anatomy & Physiology I Lab	_____	_____	_____	_____
9. Human Anatomy & Physiology II	_____	_____	_____	_____
10. Human Anatomy & Physiology II Lab	_____	_____	_____	_____
11. Health Law & Bioethics	_____	_____	_____	_____
12. Cross-Sectional Anatomy*	_____	_____	_____	_____

*For those with ARRT RT (R) certification, this course is not required.

16. I affirm the preceding information is true and correct. You have my permission to verify any of the information I have provided.

Signed _____ Date _____

Please return application by February 1st* to:

Idaho State University
Diagnostic Medical Sonography Program
921 S. 8th Ave. Stop 8002
Pocatello, ID 83209-8002

- Completed applications, transcripts, and/or application fees not postmarked by February 1st **will not be considered.**

Student selections are made each spring with limited enrollment. Courses for the professional program begin in the Fall semester.

Clinical Assignments

Assignment to affiliated hospital sonography departments for clinical education is done by Medical Imaging Faculty. **You may be assigned to any hospital that is affiliated with the Diagnostic Medical Sonography Program.**

☐Yes ☐No Are you related to any Medical Imaging employee at EIRMC, PMC, MMH, MVH, IFCH, SLMV or BMH (Hospitals affiliated with Diagnostic Medical Sonography Program)

If yes, please indicate whom and where: _____

Please rank your preferred clinical site choice 1 through 3 (1 – most preferred, 3 – least preferred):

_____ Upper Valley (Idaho Falls and Rexburg)

_____ Lower Valley (Pocatello and Blackfoot)

_____ Magic Valley (Twin Falls Area)

Permission to use Pictures for Social Media and Publications

☐Yes ☐No If accepted into the Diagnostic Medical Sonography Program I hereby give permission to publish images of myself.

Background Checks
Students must pass a criminal history background check prior to clinical attendance. Acceptance to the ISU Diagnostic Medical Sonography Program does not guarantee you will pass the background check.

Application Fee
An application fee of one hundred dollars ($100.00) is required for your application to be considered complete. The application fee is nonrefundable. Cash will not be accepted. Please pay online at www.isu.edu/medicalimaging/apply, or have your check or money order made payable to: ISU Diagnostic Medical Sonography Program.

Interview
The top 12 ranked applicants will be contacted by phone and an interview will be scheduled. Interviews will tentatively be conducted tentatively on February 12, 2027. **PLEASE NOTE**: **this is an in-person interview**. Please schedule accordingly. Applicants who are late or miss the interview may be removed from consideration in the applicant pool.

Checklist
A finalized application will consist of the following items:

- Completed Application for Admission form
- ARRT Radiography verification of credentials or BS/AAS/AS Diploma and proof of patient care experience in a professional resume format, including detailed description of patient care experience, total number of hours worked, dates worked, your specific role in patient care, and a comprehensive job description.
- $100 application fee
- All transcripts (including ISU) with courses listed on the application sent to the Medical Imaging Office

If all items are not postmarked or received by the Medical Imaging Office by February 1st, the application is not considered finalized and may be removed from consideration in the applicant pool.

Rev
11/4/2026