

2024 APPLICATION FOR ADMISSION

IDAHO STATE UNIVERSITY Diagnostic Medical Sonography Certificate Program

The minimum requirement for admission to the DMS program is ARRT RT(R) registered or registry eligible/graduating from a radiography program.

If you have any questions regarding the application process or transfer equivalency courses, please contact the Radiographic Science office at 208-282-4042 or alyssaholt@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 June 30th or your seat in the program will be forfeited. (ARDMS, 1401 Rockville Pike, Suite 600, Rockville, MD 20852-1402, Phone: (800) 541-9754, <http://www.ardms.org/ARDMS%20Documents/Compliance%20Documents/Pre-application%20Criminal%20ARDMS.pdf>)

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

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. Who to notify in case of an emergency:

Name _____ Relationship _____

Address _____ Phone _____

7. For statistical purposes, the Radiographic Science 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 _____

8. Educational Background

Current Student Status - Check all appropriate spaces below:

Currently enrolled at Idaho State University.

Currently enrolled at another college or university: _____

9. Previous degree: yes no Degree awarded: _____

10. For which track are you applying: 3 semester DMS program 4 semester DMS program

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

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

<u>Modality</u>	<u>Certification Organization</u>
_____	_____
_____	_____

13. 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 alyssaholt@isu.edu. No electronic copies of transcripts submitted by applicants will be accepted.

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

***Note: these courses are used to rank applicants. It is not a requirement that these courses are all completed as the requirement to apply is ARRT RT(R) registered or registry eligible/graduating from a radiography program.**

<u>Prerequisite Courses</u>	<u>Grade</u>	<u>Credits</u>	<u>Course #</u>	<u>College or University Where Completed</u>
Obj. 1 Critical Reading & Writing	_____	_____	_____	_____
Obj. 2 Principles of Speech	_____	_____	_____	_____
Obj. 3 Intro to Statistics	_____	_____	_____	_____
Obj. 5 Biology 1101	_____	_____	_____	_____
Obj. 5 Essentials of Physics	_____	_____	_____	_____
Obj. 5 Intro to General Chemistry	_____	_____	_____	_____
Obj. 7-8 Digital Information Literacy	_____	_____	_____	_____
Obj. 9 Cultural Diversity	_____	_____	_____	_____
Medical Terminology	_____	_____	_____	_____
Anatomy and Physiology I	_____	_____	_____	_____
Anatomy and Physiology I Lab	_____	_____	_____	_____
Anatomy and Physiology II	_____	_____	_____	_____
Anatomy and Physiology II Lab	_____	_____	_____	_____
Indiv & Organizational Behavior	_____	_____	_____	_____
Health Care Law	_____	_____	_____	_____
Human Resource Management	_____	_____	_____	_____
Patient Care	_____	_____	_____	_____
Pediatric Imaging	_____	_____	_____	_____
Pathology	_____	_____	_____	_____
Cross-Sectional Anatomy	_____	_____	_____	_____
Research or Scholarly Writing	_____	_____	_____	_____

15. 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 May 15th * 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 May 15th WILL NOT BE CONSIDERED.

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

Clinical Assignments

Assignment to affiliated hospital radiology departments for clinical education is done by Radiographic Science 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, 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 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 on Friday, May 31, 2024. **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
- \$100 application fee
- All transcripts (including ISU) with courses listed on the application sent to the Radiographic Science Office

If all items are not postmarked or received by the Radiographic Science Office by May 15th, the application is not considered finalized and may be removed from consideration in the applicant pool.