



List Science Courses:					

**College Students Complete below. Pre-requisite COLLEGE Course work. If you have any college credit complete below**

Course(circle which course taken)	College/ University where taken	Grade	How many credits?	Date	In progress
GSW 1120 varieties of writing					
Math1150,or 1120, or 1200 or STAT 2000					
Physics1010 or,2010 or,RADT1410					
Anatomy & Physiology BIOL 3310 and BIOL 3320 or AHTH 1310					
Medical Terminology					

- BIOL 3310 and 3320 is preferred
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Supporting courses are not required to be complete before the program begins.

Course	College/University	Grade	How many credits?	Date	In progress
Communications					
Psychology					
Pathophysiology					
Cross-section Anatomy					

**You must submit transcripts from all previous colleges or universities attended.**

**Essay**

An essay on the following topic-Why you chose Sonography as a career and how you do feel you are prepared to enter the DMS program. The essay should be approximately one to two pages (300 words or more), typed, double-spaced. Attach essay to application.

**References**

Two reference forms must be submitted see attached reference forms. **These must be submitted by the evaluator.**

**Observation**

Have you completed the 4-8 hour observation requirement? \_\_\_\_Yes\_\_\_\_No  
 Please include completed observation form with the application. Obtain form from Program Director

**Program information meeting**

Did you attend the sonography program information meeting? \_\_\_\_Yes\_\_\_\_No  
 Please include signed attendance form with application. If you have not attended meeting contact program director for meeting dates.

**Criminal Background Information:**

Have you ever been **convicted** of a misdemeanor or felony? Y N If yes, please explain below.

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Have you been a resident of Ohio for the past 5 years? Y N If no, please list all previous addresses within the last seven years (most recent first).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

## Applicant's Agreement

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A signature on this application authorizes BGSU Firelands (the "College") to verify any information I have provided. The College is hereby authorized to conduct a criminal records check and an investigation of my background (refer to attached Laws Governing Health Care Workers in Ohio document), character references and/or employers and records. I understand that admission to the Clinical Directed Practice is contingent upon successful completion of all health examination requirements including drug screening. I further understand that I will be required to provide a set of fingerprint impressions prior to being accepted into the clinical portion of the educational program. I authorize all individuals, academic institutions and others named on this application to provide any information requested about me, and I release them from all liability for any damage whatsoever for providing this information..

I certify that all information provided is complete and true, and any falsification or omission may cause my application to be rejected or my dismissal from this program. I further certify that I have not been convicted of or plead guilty to any of the crimes that would disqualify me from employment with children or older adults. I realize that omission of any information, receipt of adverse criminal record reports, or failure to successfully complete any requirements of this program may be cause for rejection or dismissal. Further, I understand and agree that nothing in this application or said to me in any interview or contained in any written material given to me is intended to be an offer or promise or agreement by the College to accept me into this program.

Applicant's signature: \_\_\_\_\_

Date \_\_\_\_\_

**Submission of this form does not guarantee placement in the Diagnostic Medical Sonography program.**

**This Application, Observation form, (2) References, and Essay should be returned to:**

**Cara Vickery MEd RDMS RT(R)  
Program Director, Diagnostic Medical Sonography  
Diagnostic Medical Sonography  
One University Drive  
Huron, Ohio 44839  
419-433-5560 x20884  
[cvicker@bgsu.edu](mailto:cvicker@bgsu.edu)**

**Diagnostic Medical Sonography Program  
Personal Reference Form**

**Applicant Name:** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

**To The Applicant:** *Please have this form completed by a current employer and a recent college instructor of your choice that is not related to you. If you are not currently employed both references should be completed by a current or recent college instructor. Please note that by signing this form, you are giving this person permission to complete an evaluation of you. This reference will become part of your program application and will remain confidential.*

**To The Reference:** *The individual listed above is applying to the Sonography Program at BGSU Firelands College and the applicant's signature denotes agreement for you to perform this evaluation without the results being shared with this individual. The Sonography Selection Committee needs your input to assist with the student selection process. Please seal the completed reference form in an envelope before returning to the student OR mail the completed form to:*

**Cara Vickery MEd RDMS RT(R)**  
**Program Director, Diagnostic Medical Sonography**  
**Diagnostic Medical Sonography**  
**One University Drive**  
**Huron, Ohio 44839**  
[cvicker@bgsu.edu](mailto:cvicker@bgsu.edu)

**Please rate the applicant in the following areas:**

*Grading scale: 4 = superior 3= good 2 = average 1 = poor 0 = unacceptable*

**Indicate Your Overall Recommendation of the Applicant:**

	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Attitude: up-beat and positive					
Communication: communicates clearly and effectively					
Concern for others: thoughtful and considerate					
Cooperation: works well with others					
Judgment: uses common sense					
Motivation: is enthusiastic and eager					
Personality: pleasing to be with					
Responsibility: is accountable for actions					
Reliability: is dependable/attendance					
Self-confidence: is mature					

*( ) Strongly Recommend ( ) Recommend ( ) Recommend with Reservations ( ) Do Not Recommend*

**Reference Information:**

Signature:

Printed Name:

How long have you known this applicant?

In what capacity have you known this applicant?

**Additional Comments: Please use back of form for any additional comments.**

**Diagnostic Medical Sonography Program  
Personal Reference Form**

**Applicant Name:** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

**To The Applicant:** *Please have this form completed by a current employer and a recent college instructor of your choice that is not related to you. If you are not currently employed both references should be completed by a current or recent college instructor. Please note that by signing this form, you are giving this person permission to complete an evaluation of you. This reference will become part of your program application and will remain confidential.*

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**Reference Information:**

Signature:

Printed Name:

How long have you known this applicant?

In what capacity have you known this applicant?

**Additional Comments: Please use back of form for any additional comments.**

## Pre-admission Disclosure Form

I have been counseled by the BGSU Firelands DMS Program regarding clinical policies involving the flu vaccine requirement, health requirements, background check, drug screening, a tobacco usage, body piercings, and visible body art during clinical rotations.

I am aware I am required to complete and pass a background check and drug screening. I understand I may be required to complete a random drug screening as required by the clinical affiliations.

I am aware that I will be required to get a flu vaccination each fall in order to complete clinical rotations. Potential employers/clinical affiliates have added strict policies regarding the requirement of the flu vaccination in order to work in a health care environment.

Many healthcare facilities (potential employers) have strict policies regarding employment of individuals with visible body art and body piercings. These healthcare facilities also have strict policies involving employment of individuals who are tobacco users.

I am aware and understand that I may not be able to obtain employment to practice Sonography as a result of using tobacco products or due to visible body art and/or body piercings.

I understand that there are occasional non-traditional clinical rotations to which I may be assigned which may include night shifts, twelve hour shifts, and/or weekends. These rotations simulate work experiences post-graduation.

I am aware that all students accepted into the DMS program must comply with Program and Clinical Policies as found on the BGSU Firelands web site and Handbooks.

I understand that all RESP courses have an elevated grading scale as follows: A (93-100%), B (85-92%), C (74-84%), D (65-73%), F (0-65%). All students must receive a C or higher in all DMS courses in order to meet matriculation requirements for the program.

Name (printed): \_\_\_\_\_

**Associate of Applied Science in Diagnostic Medical Sonography  
Checklist**

- Application complete with acceptance to BGSU Firelands College
- Completed Diagnostic Medical Sonography program application submitted to Program Director before the application deadline
- All transcripts sent to BGSU Firelands from all colleges or Universities attended. Allow sufficient time for transfer credit evaluations
- Observation form completed and submitted with application
- Essay completed and submitted with application
- Documentation of attending the sonography program information meeting (Obtain dates from Program Director)
- Two reference letters completed and sent to the program director before the application deadline