

Specialized training/certifications/healthcare job shadow experience

Company/Organization Name, Address, Phone with area code	From	To	Description

Recommendations

List name, position title, mailing address and email address and 10-digit telephone number of three **non-relative** recommendation providers to include (1) an employment reference (2) an academic reference and (3) a personal reference. The individuals will be invited to complete a recommendation form. You should notify your recommenders in advance that he/she will be receiving an email from Trinity Health, email address *example@trinityhealth.org*, with subject line “Personal Reference Form”, along with instructions on how to complete and return an attached form. If your recommenders use a spam blocking tool, please ask them to add this email address to their list of known/safe addresses. Completed forms can be returned via mailing, email or fax by stated due date. You do not need to wait for your recommenders to submit their forms before submitting your application.

Under *the Family Education Rights and Privacy Act of 1974*, students have access to their education record, including letters of recommendation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. **Do you wish to waive your right to examine letters of recommendation? Yes No**

1. Name: _____ Position or Title: _____
 Address: _____
 Email: _____ Phone: _____

2. Name: _____ Position or Title: _____
 Address: _____
 Email: _____ Phone: _____

3. Name: _____ Position or Title: _____
 Address: _____
 Email: _____ Phone: _____

Diagnostic Medical Sonography Program Clinical Observation Form

The DMS program requires that applicants complete a minimum of four (4) quality hours of observation experience in a sonography department. By quality experience we mean actual time spent observing sonographic procedures, not time spent observing department “down time”. Credit should not be given for anything outside of patient care activities (i.e., lunch, secretarial duties, videos, etc.). Trinity Health requests that you dress appropriately for your observation visit(s). Business casual attire (dress slacks, conservative blouse/shirt) is recommended. A visit for observation may be denied by any sonography department based on what department personnel deem inappropriate attire. Please refer to the **Trinity Health DMS Program Clinical Observation Form** and follow instructions to complete for verification.

Essay

Your application essay will be used by the Admission Committee to evaluate your interest, understanding of and special qualifications in your chosen field of study. Please answer the following questions using 300-500 words.

1. How did you become interested in diagnostic medical sonography? Describe any observational or training experience(s) you have had and what you learned about the career from the experience(s)
2. What are your career objectives or goals within the field?
3. How has your previous education or training prepared you for your career choice? What awards, academic honors or scholarships have you received that might apply to your chosen field? What school or community activities have you participated in?
4. Describe one of the most rewarding experiences of your life.
5. Describe personal qualities or experiences that make you a competitive candidate for this program.

I certify that the statements on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application.

Date

Applicant Signature

Thank you for your interest in our program. All applications are scored, based on academic performance, employment and volunteer experiences. Applicants meeting the acceptance criteria will be invited for an onsite interview.