



DIAGNOSTIC MEDICAL SONOGRAPHY STUDENT APPLICATION

All Application Materials Must be Received by **March 31**

The completed application can be submitted via this website, by mail, fax or email

Address: Program Director Fax: 701-857-3925 email: amy.hofmann@trinityhealth.org
Trinity Health DMS Program Phone: 701-857-5620
PO Box 5020
Minot, ND 58701

For the application to be considered complete, applicant must also submit:

- \$35.00 non-refundable application fee made payable to Trinity Health
- Official High School Transcript/GED Certificate
- Official College Transcripts (to include posted grades of **most current** semester)
- ACT Scores: 20 or greater (scores printed on High School Transcript acceptable)
- Signed Diagnostic Medical Sonography Technical Standards form
- Completed Clinical Observation Form (minimum of 4 hours observation in ultrasound with a registered sonographer)
- Completed application to college/university and be fully accepted (degree seeking applicants only)
- Criminal background check and drug screening

Name: _____
Last First Middle

Permanent Mailing Address: _____
Street Address
City State Zip Code

Telephone: _____ Email Address: _____

Education Information (Include all high schools, colleges, universities attended)

Name of Institution, City, State	From	To	Diploma/Degree/Major Courses

Employment Information (list most recent first, include military history)

Company/Organization Name, Address, Phone with area code	From	To	Position and Reason for Leaving

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, 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**

- Name: _____ Position or Title: _____
 Address: _____
 Email: _____ Phone: _____
- Name: _____ Position or Title: _____
 Address: _____
 Email: _____ Phone: _____
- 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 of a licensed/accredited health care facility. Applicants interested in completing observation experience at Trinity Health may contact the DMS Program Director for assistance. 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 and documentation.

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.