



Applicants interested in the General or Vascular Sonography Program are admitted to the college on the same basis as other students, but admission to the college does *not* ensure admission into the DMS Program.

Selection into LCC's DMS Program is based on the following admission criteria:

- ❑ Meet with a Labette Community College Health Science Advisor (in person or virtually)
Text **#sono to 620-293-6671** or Email: sonography@labette.edu
- ❑ Submission of all completed application forms *no later* than application deadline
- ❑ All High School (or Graduate Equivalent Degree) and College official transcripts must be received by LCC's Admissions Office <http://www.labette.edu/registrar/index.html>
- ❑ GPA of 2.0 (minimum) which is calculated on completed prerequisites for DMS Program:
Mathmatics Anatomy & Physiology Medical Terminology **Medical Terminology & Physics
Public Speaking or English Composition I Physics are not required
for Radiology graduates.*
- ❑ Verified proof of Associate's or Bachelor's Degree with an approved medical component
- ❑ Diagnostic Medical Sonography Entrance Exam (Refer to pg 5)
- ❑ Letter of Intent (Refer to pg 8)
- ❑ Three (3) confidential references forms (Refer to pg's 11-14)
- ❑ Clinical observation day (Refer to pg's 15-16)
- ❑ Clinical Observation Forms (Refer to pg's 17-20)
- ❑ Secured clinical site to fulfill program specific clinical rotation requirements. (Refer to pg's 2 & 3)
- ❑ Submit to a criminal background check (Refer to pg's 9 & 10)
- ❑ Interview with DMS Program affiliates **Interviews will be scheduled after the application deadline with eligible applicants.*

All applications must be completed & mailed to: LCC/DMS, 200 S. 14th Street, Parsons, KS 67357 postmarked no later than

**** APPLICATION DEADLINE: Thursday, May 12th, 2022 ****

It is the applicant's responsibility to ensure the completeness of their application. Incomplete applications are not reviewed.

Upon Acceptance and Before Enrollment into LCC's Diagnostic Medical Sonography Program, the following must be completed:

- ❑ Completion of the LCC Admissions Form https://redzone.labette.edu/ICS/Admissions/Admission_Information.jnz?portlet=Apply_Online_2.0
- ❑ BLS/CPR certification for healthcare providers. ***Online CPR certification will not be accepted.**
- ❑ Completed Clinical Affiliation Agreement for the secured and approved clinical site is on file with LCC DMS Department.
- ❑ Satisfactory physical evaluation conducted by a physician, that includes up to date immunization records to permit students in the clinical area for patient safety showing: 2-step TB skin test results, MMR(2) or Titer, Varicella(2) or Titer, Tetanus (within 10 years), Hep B (3) or waiver, 10 Panel Drug Screen. Proof of current medical insurance along with other requirements or vaccinations the specific clinical site requires which may include but are not limited to, Flu and/or Covid-19, BEFORE an accepted students' enrollment is complete. Failure to provide all required vaccinations may lead to dismissal of the program.

**An alternate will be selected if an accepted applicant's requirements are not completed by July 1st, 2022.*



DIAGNOSTIC MEDICAL SONOGRAPHY GENERAL CERTIFICATE PROGRAM

The sonography program didactic will be delivered online with an onsite clinical component. Days and hours will vary per semester as decided per the clinical site. The applicant must choose a site to shadow and during that time, ask if they (site and department) would consider hosting you for the specific concentration. Once LCC's DMS department receives the completed Clinical Observation Form, the site will be contacted regarding their interest in hosting a student. Once the site has approved to take a sonography student, the school will send the required clinical site documentation. The sonography clinical site must be secured and approved prior to acceptance and enrollment into Labette Community College's Diagnostic Medical Sonography Program.

Once a concentration has been chosen, the application packet will need to be completed and sent to the LCC DMS Office by the application deadline to be considered for the program. A complete application packet includes *all* completed application admission criteria listed on page 1 of the application.

General Sonography Concentration Requirements

Fall Semester

DMS 201- Introduction to Sonography	3
DMS 211- Sonography Physics & Instrumentation	3
DMS 205- Sonography Sectional Anatomy & Abdominal Physiology	2
DMS 206- OB/GYN for Sonography I	3
DMS 220- General Sonography Clinical I 3 Days a week	5
<hr/>	
	16

Spring Semester

DMS 234- Sonography Physics & Instrumentation/Registry Review	3
DMS 207- OB/GYN for Sonography II	3
DMS 208- Sonography Pathology of Abdomen and small parts	2
DMS 221- General Sonography Clinical II 3 Days a week	5
<hr/>	
	13

Summer Semester

DMS 250 General Sonography Registry Review	4
DMS 222 General Sonography Clinical III 4 Days a week	5
<hr/>	
	9

Total Credit Hours 38

Summary

- The General (Abdominal extended and OB/GYN) concentration is 38 total credit hours.
- A new class will start every August.
- The General concentration is a 12-month program that will focus strictly on abdominal extended and OB/GYN anatomy and pathology.

Clinical expectations

- The applicant will complete the following weekly clinical hour schedule per semester:
Fall Semester: 24 Spring Semester: 24 Summer Semester: 32
- Complete all required checklists and general competencies in the assigned facility.
- Trajecsys software will be used to upload all required documentation.



**LABETTE
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**DIAGNOSTIC MEDICAL SONOGRAPHY
VASCULAR CERTIFICATE
PROGRAM**

The sonography program didactic will be delivered online with an onsite clinical component. Days and hours will vary per semester as decided per the clinical site. The applicant must choose a site to shadow and during that time, ask if they (site and department) would consider hosting you for the specific concentration. Once LCC's DMS department receives the completed Clinical Observation Form, the site will be contacted regarding their interest in hosting a student. Once the site has approved to take a sonography student, the school will send the required clinical site documentation. The sonography clinical site must be secured and approved prior to acceptance and enrollment into Labette Community College's Diagnostic Medical Sonography Program.

Once a concentration has been chosen, the application packet will need to be completed and sent to the LCC DMS Office by the application deadline to be considered for the program. A complete application packet includes all completed application admission criteria listed on page 1 of the application.

Vascular Concentration Requirements

Fall Semester

DMS 201- Introduction to Sonography	3
DMS 211- Sonography Physics & Instrumentation	3
DMS 230- Vascular Sonography I	3
DMS 251- Vascular Sonography Clinical I	3 days a week
	14

Spring Semester

DMS 234- Sonography Physics & Instrumentation/Registry Review	3
DMS 231- Vascular Sonography II	3
DMS 252- Vascular Sonography Clinical II	3 days a week
	11

Summer Semester

DMS 237 Vascular Sonography Registry Review	2
DMS 253 Vascular Sonography Clinical III	4 days a week
	7

Total Credit Hours 32

Summary

- The vascular concentration is 32 total credit hours.
- A new class will start every August of each year.
- The Vascular concentration is a 12-month program that will focus strictly on vascular anatomy and pathology.

Clinical expectations

- The applicant will complete the following weekly clinical hour schedule per semester:
Fall Semester: 24 Spring Semester: 24 Summer Semester: 32
- Complete all required checklists and general competencies in the assigned facility.
- Trajecsys software will be used to upload all required documentation.



LABETTE COMMUNITY COLLEGE

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICANT SELECTION CRITERIA

Each of the below application components are assigned a score. These are calculated to provide an overall score for the applicant.

GPA	GPA Select Score	DMS Entrance Exam Score	Exam Select Score	Clinical Observation Score	Cl. Obs. Select Score	References	Ref Select Score	Letter of Intent	Intent Letter Select Score	Interview	Interv. Select Score
3.75 - 4.00	20	100	25	27	15	180 - 210	35	45	15	46 - 60	20
3.50 - 3.74	18	98 - 99	20	25 - 26	12	159 - 179	30	35 - 40	12	41 - 45	15
3.25 - 3.49	16	95 - 97	18	22 - 24	10	138 - 158	25	30 - 34	10	36 - 40	12
3.00 - 3.24	14	92 - 94	16	19 - 21	8	117 - 137	20	25 - 29	8	31 - 35	9
2.75 - 2.99	12	89 - 91	14	16 - 18	6	96 - 116	15	21 - 24	6	26 - 30	6
2.50 - 2.74	10	86 - 88	12	13 - 15	4	75 - 95	10	11 - 20	4	21 - 25	3
2.25 - 2.49	8	83 - 85	10	10 - 12	2	54 - 74	5	6 - 10	2	16 - 20	2
2.0 - 2.24	6	80 - 82	8	< 9	0	< 53	0	< 5	0	15	1

Clinical Site Affiliation Agreement in Review Status	Secured Clinical Site with Signed Affiliation Agreement
10	25



DIAGNOSTIC MEDICAL SONOGRAPHY APPLICATION Entrance Exam

Labette Community College's DMS Program applicants are required to complete a Diagnostic Medical Sonography Entrance Exam prior to the application deadline date. This test will be proctored through Labette Community College to assess an applicant's overall health science knowledge. Applicants are encouraged to watch each of the optional, yet highly recommended videos that are provided below. Although an applicant may have acquired knowledge and experience in each topic, these videos are intended as a preparation tool prior to taking the DMS Entrance Exam. In addition to the links provided, there will also be health science related subject matter such as, but not limited to, HIPAA, Anatomy and Physiology and Medical Terminology.

LCC DMS Program applicant's are required to obtain a minimum passing score of 80% and can take the test a *maximum* of 2 times each application year. Applicants will receive an email/text notification when the DMS Entrance Exam dates are available by submitting your contact information through this link: <https://bit.ly/dmstest22> .

The **\$50 nonrefundable fee** for *each exam* will need to be paid for by debit/credit card at the time of registration for your DMS Entrance Exam as well as email their payment confirmation to sonography@labette.edu.

Needle Safety <https://youtu.be/TFevZhMs8PU>

Opening Sterile Kit <https://youtu.be/hyZKoRlzVFA>

Opening Sterile Kit, Adding to Sterile Field, and putting on sterile gloves <https://youtu.be/-0LyqckLGNo>

Pushing a Wheelchair <https://youtu.be/gfzntyqOY9M>

Wheelchair transfer to car <https://youtu.be/KC0qqHD1HqA>

Wheelchair safety/communication (this is with x-ray, but good info) <https://youtu.be/r3fR44cS8HY>

Gowning and Gloving (surgical, but good info) <https://youtu.be/nltDnAgZqZY>

HIPAA Rules and Compliance Training Video <https://youtu.be/CRQwUIXMogM>



LABETTE COMMUNITY COLLEGE

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION

Name _____
Last First Middle Maiden

Date of Birth _____ SS# _____ LCC ID# _____

Mailing _____
Address Street/P.O. Box City State Zip

Home Phone # _____ Cell Phone # _____

LCC Student E-Mail Address _____

Personal E-Mail Address _____

US Citizen: _____ Yes _____ No County of Residence: _____

Next of kin or for emergency notification

Name _____ Relationship _____

Address _____
Street City State Zip

Phone _____

Educational Background

Registry Number: _____ Year Certified: _____

Have you ever attended or applied to any DMS Program? _____ Yes _____ No

If yes, give name and location of school:

Dates attended: _____ Reason for leaving: _____

College(s) Attended:

Degrees earned:

Labette Community College is committed to a policy of educational equity. Accordingly, the College admits students, grants financial aid and scholarships, and conducts all educational programs, activities, and employment practices without regard to an individual's race, color, religion, gender identity, sexual orientation, national origin, age, marital status, ancestry, or disabilities. Any person having inquiries concerning the College's compliance with regulations implementing Title VI, Title VII, Title IX, or Section 504 of the Rehabilitation Act of 1973 is directed to contact the Director of Human Resources, Janice Every, Labette Community College, Parsons, KS 67357, telephone 620-421-6700. Revised 11/2014



LABETTE COMMUNITY COLLEGE

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION

WORK EXPERIENCE (within the last ten years)

Employment Dates

Type of Work	Name of Employer	Location	From	To	Reason for Leaving

Have you ever been cited for Academic Dishonesty? YES NO If yes, explain:

Have you ever had a history, charge or conviction of a misdemeanor or felony? YES NO If yes, explain:

Please submit copies of documentation of the disposition of charges. Be advised that any adverse results from a background check may disqualify you from admittance to some of the program's clinical sites and therefore keep you from successfully completing the program.

IF YOU ANSWERED "NO" AND YOUR BACKGROUND SHOWS ANYTHING OTHER THAN "CLEAR", THIS APPLICATION WILL BE WITHDRAWN FROM THE APPLICANT POOL

I verify that I understand it is my responsibility to contact the American Registry for Diagnostic Medical Sonography (www.ardms.org) to discuss any adverse results found (or not found) from a background check that might prevent me from obtaining certification.

I certify that all information contained in this application is true and correct to the best of my knowledge. If any information contained herein is found to have been falsified, this application will be withdrawn and applicant will be withdrawn from the application process.

Applicant Signature: _____ Date: _____

Labette Community College is committed to a policy of educational equity. Accordingly, the College admits students, grants financial aid and scholarships, and conducts all educational programs, activities, and employment practices without regard to an individual's race, color, religion, gender identity, sexual orientation, national origin, age, marital status, ancestry, or disabilities. Any person having inquiries concerning the College's compliance with regulations implementing Title VI, Title VII, Title IX, or Section 504 of the Rehabilitation Act of 1973 is directed to contact the Director of Human Resources, Janice Every, Labette Community College, Parsons, KS 67357, telephone 620-421-6700.

*My application is for the Diagnostic Medical Sonography concentration for the **GENERAL / VASCULAR** Certificate Program. (circle one concentration course of your choice)*

Applicant Signature: _____ Date: _____



**DIAGNOSTIC MEDICAL SONOGRAPHY
PROGRAM APPLICATION
Letter of Intent**

LETTER OF INTENT

The intended applicant must submit a letter of intent to the attention of LCC's DMS Program Director. The letter should be no less than one page in length, 12-point Times New Roman font, double spaced. The letter of intent should state why the applicant wishes to be admitted into the Diagnostic Medical Sonography Program at Labette Community College.

Please feel free to add any additional information you would like. Use this as an opportunity to stand out from other applicants for this Program.



LABETTE COMMUNITY COLLEGE NSG EDUCATION STUDENT INSTRUCTIONS

Background checks are required to ensure the safety of patients treated by students in the clinical education program. The reports are typically completed within 3-5 business days; however, you must submit your order in sufficient time for the report to be reviewed by the program coordinator or associated clinical site prior to starting the rotation. The background check is conducted by PreCheck, Inc., a firm specializing in the healthcare industry.

GETTING STARTED

Follow this link to [MyStudentCheck](#)

If you are unable to access the link, you may type in the web address located at the bottom of this page.

- Confirm the school name matches: **Labette Community College Nsg Education**
 - Select your program from the drop down menu, and then select background check.
 - Log in with your username and password. If you do not have an existing profile, please create a new account.
 - Enter the required information, provide authorization, and continue to enter payment information.
 - If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.
 - You will be provided with a receipt and confirmation page when your order is placed.
-

PRICING

Background Check **\$51.50**

Applicable state sales tax will be collected based on your residential location.

FREQUENTLY ASKED QUESTIONS

- 1. What does PreCheck do with my information?**
Your information will only be used for the services ordered. Your credit will not be investigated and your name will not be given out to any businesses.
 - 2. I selected the wrong school, program or incorrect information.**
Please email StudentCheck@PreCheck.com with the details.
 - 3. Do I get a copy of the background report?**
Yes, go to www.mystudentcheck.com, log in, and select Check Status.
 - 4. I was denied entry into a program because of information on the report, who can I contact?**
Call PreCheck's Adverse Action hotline at 800-203-1654.
-



Health Science Programs

Criminal Background Check Permission and Release Form

Health Science Program applicants are expected to truthfully and accurately share any information related to their criminal history--information collected by criminal justice agencies concerning individuals, and arising from the initiation of a criminal proceeding, consisting of identifiable descriptions, dates and notations of arrests, indictments, information or other formal criminal charges and any dispositions arising therefrom--as part of the application and enrollment process. Current students are expected to notify their respective program director if any change in their criminal history occurs while enrolled in an LCC Health Science Program.

Please review the disclosure statement included in the program application packet and sign below indicating the following:

1. I have truthfully and accurately reported my criminal history and pending charges (if any) to the LCC DMS Program Director.
2. I understand that my criminal history may impact progression in the LCC DMS Program, and/or ability to the licensed/certified in my field of study.
3. I agree to notify the LCC DMS Program Director if a change in my criminal history occurs while attending the LCC DMS Program.
4. The LCC DMS Program for which I am applying has informed me of the state licensure/certification requirements for that program.

I, _____, have read and understand that completing a criminal background check is required as part the application process for the LCC DMS Program, and to participate in education courses that include clinical placement.

I authorize Labette Community College to release the results of any criminal background check to any site where I will be placed for any legitimate educational purpose and I waive my privacy rights under the Family Educational Rights and Privacy Act (FERPA) and consent to a background check for this limited purpose.

I hereby release Labette Community College from any liability in the event:

- I am not cleared for placement by the clinical sites and therefore, cannot continue in the program.
- I am unable to obtain the necessary credits to continue in the program due to a criminal charge or conviction that occurred after being accepted into the program.
- I am unable to obtain licensure/certification in my field of study due to adverse results on a criminal background check.

I understand that I cannot be guaranteed placement at a clinical site and if I cannot complete the clinical requirements, I will not be able to graduate from the program.

Print Name: _____

Signature: _____ Date: _____

Please submit this signed form as part of your application to the LCC DMS Program.

Contact the Health Science Program Director for information and direction to the appropriate agency for questions regarding criminal history and licensure/certification.



**DIAGNOSTIC MEDICAL SONOGRAPHY
PROGRAM
Reference Form(s)**

A NOTE REGARDING REFERENCE FORMS

All Reference Form(s) must be for the current application period and returned to the LCC DMS Program. At least one Reference Form must be from a current or former employer of the applicant.

If more than 3 references are submitted, the first three that arrive in LCC's DMS Programs' office will be used. References submitted without names and the appropriate signatures *will be discarded*. It is the responsibility of the applicant to ensure that all required references have been received by the Health Science Programs' Administrative Assistant.

Make sure the references are aware of your DMS Program Application deadline date as well as ask them to initial their sealed envelope before putting it in the mail. Please be respectful of their part in your application process and include a stamped envelope addressed to:

DMS Program
Labette Community College
200 S. 14th Street
Parsons, KS 67357



DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION Prospective Student Reference Form

Applicant's Name _____

(please print)

I, _____, (Sonography Program applicant), waive my right to view this reference form.

This reference is confidential. On a scale of one to five, with one (1) being the lowest possible rating and five (5) being the highest, please rate the applicant named above. If you cannot rate the applicant in all areas, please notify them so they can name another reference. Place this form in an envelope, seal the envelope, initial the seal and return/mail to: DMS Program, Labette Community College, 200 S. 14th Street, Parsons, KS 67357.

	<u>Poor</u>	<u>Average</u>	<u>Excellent</u>		
PERSONAL QUALITIES	1	2	3	4	5
Professional Appearance					
Cooperation					
Dependability					
Emotional Control					
Honesty					
Judgment					
Personality					
Punctuality					
APTITUDE AND SKILLS	1	2	3	4	5
Adaptability					
Initiative					
Intellect					
Leadership					
Manual Dexterity					
Organizational					

Your relationship to the applicant: Employer Co-Worker Teacher Other
(Family member references will not be accepted.)

1. Would you endorse this applicant as a candidate for a health care career? (circle one) Yes No
2. If you had the opportunity to employ this individual, would you do so? (circle one) Yes No
3. If you answered "No" on 2 and/or 3 *please comment as to why.* Add any additional comments about the applicant you would like to:

REFERENCE PRINTED NAME: _____

REFERENCE SIGNATURE: _____ DATE: _____



DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION Prospective Student Reference Form

Applicant's Name _____

(please print)

I, _____, (Sonography Program applicant), waive my right to view this reference form.

This reference is confidential. On a scale of one to five, with one (1) being the lowest possible rating and five (5) being the highest, please rate the applicant named above. If you cannot rate the applicant in all areas, please notify them so they can name another reference. Place this form in an envelope, seal the envelope, initial the seal and return/mail to: DMS Program, Labette Community College, 200 S. 14th Street, Parsons, KS 67357.

	<u>Poor</u>		<u>Average</u>		<u>Excellent</u>
PERSONAL QUALITIES	1	2	3	4	5
Professional Appearance					
Cooperation					
Dependability					
Emotional Control					
Honesty					
Judgment					
Personality					
Punctuality					
APTITUDE AND SKILLS	1	2	3	4	5
Adaptability					
Initiative					
Intellect					
Leadership					
Manual Dexterity					
Organizational					

Your relationship to the applicant: Employer Co-Worker Teacher Other

(Family member references will not be accepted.)

1. Would you endorse this applicant as a candidate for a health care career? (circle one) Yes No

2. If you had the opportunity to employ this individual, would you do so? (circle one) Yes No

3. If you answered "No" on 2 and/or 3 *please comment as to why.* Add any additional comments about the applicant you would like to:

REFERENCE PRINTED NAME: _____

REFERENCE SIGNATURE: _____ DATE: _____



LABETTE COMMUNITY COLLEGE

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION Prospective Student Reference Form

Applicant's Name _____

(please print)

I, _____, (Sonography Program applicant), waive my right to view this reference form.

This reference is confidential. On a scale of one to five, with one (1) being the lowest possible rating and five (5) being the highest, please rate the applicant named above. If you cannot rate the applicant in all areas, please notify them so they can name another reference. Place this form in an envelope, seal the envelope, initial the seal and return/mail to: DMS Program, Labette Community College, 200 S. 14th Street, Parsons, KS 67357.

	<u>Poor</u>	<u>Average</u>			<u>Excellent</u>
	1	2	3	4	5
PERSONAL QUALITIES					
Professional Appearance					
Cooperation					
Dependability					
Emotional Control					
Honesty					
Judgment					
Personality					
Punctuality					
APTITUDE AND SKILLS					
Adaptability					
Initiative					
Intellect					
Leadership					
Manual Dexterity					
Organizational					

Your relationship to the applicant: Employer Co-Worker Teacher Other

(Family member references will not be accepted.)

1. Would you endorse this applicant as a candidate for a health care career? (circle one) Yes No

2. If you had the opportunity to employ this individual, would you do so? (circle one) Yes No

3. If you answered "No" on 2 and/or 3 *please comment as to why.* Add any additional comments about the applicant you would like to:

REFERENCE PRINTED NAME: _____

REFERENCE SIGNATURE: _____ DATE: _____



The Clinical Observations are designed to give the prospective student an in-depth look at the operations of area Diagnostic Sonography Departments on a day-to-day basis. These visits will also allow the applicant to ask any question about the profession.

The applicant observes in a Sonography/Ultrasound department in a hospital setting with a Registered Sonographer. **Applicants must meet hospital regulations regarding required pre-shadowing documentation in which you can contact that facilities HR department for more information.** During the observation, the applicant is encouraged to ask the Registered Sonographer(s)/Ultrasound Technologist(s) any questions they may have regarding the profession of sonography in a sensitive manner, especially when/if in the presence of patients.

The visits are done on a weekday for 8 hours. The applicant can choose from any clinical site located near them that is willing to accept them as a job shadow. Some clinical sites do not allow shadowing, or have very strict regulations regarding shadowing and cannot be used. The applicant is responsible for locating as well as scheduling their clinical observation. The applicant is encouraged to observe more than one facility should their first choice clinical site not agree to host them as a student.

General guidelines for a successful clinical observation experience:

Business casual attire is required—

- Khaki pants or dress slacks (clean and pressed); shirt or blouse (clean and pressed); closed toe shoes (clean)
- No jeans, ripped clothing, open toe shoes, shorts, hats or shirts with writing on them
- All clothing must fit properly without exposure of any inappropriate body part (even when bending over)
- Demonstrate good hygiene practices with long hair pulled back and well-groomed facial hair
- Cover tattoos and remove piercings
- Conservative earrings/jewelry

Courtesy to the staff is required—

- You are a guest in their facility, act accordingly
- Be engaged in the process
- No cell phone usage during observation hours
- Be on time
- Display a positive attitude
- Ask questions in a sensitive manner
- Provide an envelope with the Diagnostic Medical Sonography Program's address and place appropriate postage on the envelope
- Thank the staff for their time



**DIAGNOSTIC MEDICAL SONOGRAPHY
PROGRAM
Clinical Facility Form(s)**

A NOTE REGARDING CLINICAL OBSERVATION FORM(S)

All Clinical Observation Form(s) and Statement of Confidentiality Form(s) must be for the current application period. The Clinical Observation Form is to be returned to the DMS Program *by the facilities Registered Sonographer*. The Statement of Confidentiality Form is to be returned to the DMS Program *by the applicant*.

It is the applicants responsibility to read, understand, print and take all required/necessary forms to their clinical observation. For each clinical observation facility the applicant will need to print the Statement of Confidentiality Form, Clinical Observation Form, Clinical Instructor Information and the Contact Information sheet.

Clinical observation forms submitted without names and the appropriate signatures *will be discarded*. It is the responsibility of the applicant to ensure that all required clinical observation forms have been received by the Health Science Programs' Administrative Assistant.

Make sure the sonographer/clinical preceptor is aware of your DMS Program Application deadline date as well as ask them to initial their sealed envelope before putting it in the mail. Please be respectful of their part in your application process and include a stamped envelope addressed to:

DMS Program
Labette Community College
200 S. 14th Street
Parsons, KS 67357



Statement of Confidentiality

I, the undersigned, as a prospective student of the Diagnostic Medical Sonography Program at Labette Community College, understand that I am assigned to the Imaging Department of

Observation Facility Name and Location (City and State)

for observation and that all information concerning patients is to be treated as "confidential".

Patient information is NOT to be discussed with anyone outside the confines of the Imaging Department. I understand that disregard for the above statements or any violation on my part will jeopardize my acceptance into LCC's Diagnostic Medical Sonography Program.

Applicant Name (Please Print)

Applicant Signature

Date

I, the undersigned sonographer, witnessed the DMS applicant's acknowledgement and signature of their Statement of Confidentiality for their clinical observation at this facility today. I agree to submit the completed Clinical Observation Form, sealed in an envelope and initialed on the back by the current application year deadline to:

LCC/DMS Program, 200 S. 14th, Parsons, KS 67357

Registered Sonographer Name (Please Print)

Registered Sonographer Signature

Date

This Statement of Confidentiality is to be returned to LCC's DMS Program by the prospective DMS student.



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**DIAGNOSTIC MEDICAL SONOGRAPHY
PROGRAM APPLICATION
Clinical Observation Form**

APPLICANT NAME: _____ DATE: _____

FACILITY OBSERVED: _____
NAME PHONE #

FACILITY ADDRESS: _____
STREET CITY STATE ZIP CODE

REGISTERED SONOGRAPHER: _____
NAME/CREDENTIALS SIGNATURE

EVALUATION SCALE: 1—Unacceptable, 2—Acceptable/Good, 3—Outstanding		1	2	3
APPEARANCE	Is the applicant dressed appropriately and in a professional manner?			
SOCIABILITY	Is the applicant approachable, outgoing, personable yet professional?			
EMOTIONAL STABILITY	Is the applicant confident, calm, easy going?			
CONVERSATIONAL ABILITY	Is the applicant fluent, asks questions, communicates clearly?			
ALERTNESS	Does the applicant seem quick to understand, grasps ideas, watchful and attentive to details?			
DRIVE	Does the applicant show great interest, motivation and desire to learn sonography?			
APPROPRIATE TECHNICAL STANDARDS	Can the applicant see and hear clearly as well as appears will be able to maneuver and handle equipment/patient movement?			
KNOWLEDGE OF THE FIELD AND THE PROFESSION	(mark box #3) Very Knowledgeable (mark box #2) Average Knowledge (mark box #1) Minimal Knowledge			
WOULD YOU RECOMMEND THIS APPLICANT FOR YOUR	(mark box #3) Outstanding candidate (mark box #2) Good candidate (mark box #1) Unacceptable candidate			

If you would *or* would not recommend this applicant for the program, please explain why.

Was the applicant using their phone during the observation hours? _____

Would your Sonography Department consider hosting a Diagnostic Medical Sonography Student from Lafayette Community College? Yes Maybe No

**To ensure Lafayette Community College's DMS Program Staff is effectively and accurately communicating with the necessary personnel of your facility,
PLEASE PROVIDE THE APPROPRIATE CLINICAL SITE CONTACT INFORMATION BELOW:**
(such as Diagnostic Imaging Director, Human Resource Department, Educational Specialist, etc.)

NAME: _____

DEPARTMENT: _____

EMAIL: _____

PHONE: _____

NAME: _____

DEPARTMENT: _____

EMAIL: _____

PHONE: _____



DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM CLINICAL INSTRUCTOR INFORMATION

RESPONSIBILITIES

A clinical instructor must be available to student whenever a student is assigned to a clinical setting, provide adequate clinical supervision, and be responsible for student clinical evaluation.

HOURS PER WEEK

Fall Semester : 24
Spring Semester : 24
Summer Semester : 32

QUALIFICATIONS

Clinical instructors must have the appropriate credential in the concentration for which they evaluate student performance and document required clinical competencies.

The Labette Community College Diagnostic Medical Sonography Program is accredited by:

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS). The program was approved March 2013. For more information contact www.CAAHEP.org



LABETTE COMMUNITY
COLLEGE
200 S. 14th
PARSONS, KS 67357



**DIAGNOSTIC MEDICAL SONOGRAPHY
PROGRAM
CONTACT INFORMATION**

Please contact us if you have any questions!!

LCC DMS Program Email: sonography@labette.edu

Health Science Programs' Text: 620-293-6671

Health Science Programs' FAX: 620-421-1539

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Tammy Kimrey, B.S., L.RT (R), RDMS, RVT

Adjunct Instructor

Joni Scott, RDMS, RVT

Clinical Coordinator

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Health Science Programs' Administrative Assistant

Brandi Irish, RRT

Career and Technical Education Recruiter/Advisor

The LCC Diagnostic Medical Sonography Program is accredited by:

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), JRC-DMS 6021 University Boulevard, Suite
500 Ellicott City, MD 21043 Email: Mail@JRCMDS.org ; Phone: 443-973-3251

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