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**Diagnostic Medical Sonography**

Wallace Health Sciences - South

1480 Nashville Pike, Gallatin, Tennessee 37066

Phone 615-452-8600, Fax 615-230-3224

**VSCC DMS Application Packet Table of Contents**

Updated: 01/10/2024

**Directions:**

This document should be the first page of your VSCC DMS application packet. Please place your application documents/forms in the order listed on this table of contents. Your packet should be in this exact order when it has been received by the program director. Inability to follow these directions will result in the failure of your packet to be properly processed.

1. Application Packet Table of Contents
2. DMS Application Summary Form
3. Resume of Curriculum Vitae
4. Official or unofficial copies of all college transcripts (with prerequisite courses highlighted)
5. Observation Hours Form (minimum 16 hours required)
6. Evaluation of Observing Applicant (in a sealed and signed envelope)
7. a. Reference Form (in a sealed and signed envelope)

b. Reference Form (in a sealed and signed envelope)

\*More than two references may be included, no more than four reference forms may be accepted.

**Attestation and Acknowledgement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) have completely and thoroughly read the Information Packet located at: <https://www.volstate.edu/sites/default/files/documents/dms/DMS-Information-Packet.pdf> and understand the application requirements of the VSCC DMS Program. I also understand that if I submit an incomplete application packet, I will be dismissed from consideration for the VSCC DMS class of 2025.

Applicant name (last, first):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_