

**Diagnostic Medical Sonography**

Wallace Health Sciences - South

1480 Nashville Pike, Gallatin, Tennessee 37066

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

**DMS Applicant Summary**

**Class of 2025**

Updated: 01/10/2024

 **Applicant Name (Last name, First name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Directions:**

This document serves as a summation of the admission criteria, degree prerequisite, and prerequisite courses needed to be considered a valid Diagnostic Medical Sonography applicant. Please complete this form and submit it with your application packet by May 3, 2024.

|  |  |
| --- | --- |
| **Admission Criteria** | **Results** |
| **Overall GPA** |  |
| **Prerequisite GPA** |  |
| **Number of Observation Hours (minimum 16 hours required)** |  |
| **Number of Reference Letters** |  |

**Degree Prerequisite:**

All applicants are required to complete one of the following degree pathways before applying, please indicate your pathway. See the *Information Packet* posted on the VSCC DMS website for more details on the requirements.

|  |  |  |
| --- | --- | --- |
| **Degree Prerequisite** | **Institution/Degree/Major** | **Year Earned** |
| **Associate of Applied Science Degree** |  |  |
| **Bachelor’s degree (or higher)** |  |  |
| **MTSU’s 3 + 1 Program** | MTSU/Pre-Diagnostic Medical Sonography |  |

**Course Prerequisite:**

Applicants must complete all the following courses by May 2024. Please indicate the institution, the term and year, letter grade, and credit load for each of the prerequisites listed. If you are enrolled in a prerequisite course during the application period, please write “TBD” in the letter grade column and highlight the course on this table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prerequisite Course** | **Institution** | **Term/year** | **Letter Grade** | **Credit Hours** |
| **Anatomy & Physiology I** |  |  |  |  |
| **Anatomy & Physiology II** |  |  |  |  |
| **Medical Terminology** |  |  |  |  |
| **College Algebra (or higher)** |  |  |  |  |
| **Introduction to Physics** |  |  |  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm the information above is accurate, current, and honest to the best of my knowledge. I understand by signing below I verify all the information in this document is correct and I accept any disciplinary action up to rejection or dismissal from the Diagnostic Medical Sonography program for any falsification of application materials.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**VSCC Application Checklist**

[ ]  Volunteer State Community College application submitted (<https://www.volstate.edu/admissions/apply>)

[ ]  Online DMS application submitted (<https://www.volstate.edu/academics/health-sciences/dms/application>)

[ ]  Official copies of all transcripts sent to the Office of Admissions

**DMS Application Packet Checklist**

[ ]  Application Packet Table of Contents

[ ]  DMS Applicant Summary Form

[ ]  Resume or Curriculum Vitae

[ ]  Official or unofficial copies of all transcripts with prerequisite courses highlighted

[ ]  Clinical Ultrasound Observation Form

[ ]  Clinical Ultrasound Observation Evaluation Form

[ ]  At least two letters of recommendation in sealed envelopes

All forms can be found at: <https://www.volstate.edu/academics/health-sciences/dms/forms>. Applications missing the correct forms cannot be processed.

Mail all application packet materials in one envelope to:

**Lisa Kirkland**

**Volunteer State Community College**

**Wallace Health Sciences Complex - South, S-231**

**1480 Nashville Pike, Gallatin, TN 37066**