ALVIN COMMUNITY COLLEGE

DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY

STUDENT HANDBOOK
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GENERAL INFORMATION

Alvin Community College General Information:

- **The ESC - Enrollment Services Center**
The Enrollment Services Center is located in the front lobby of Building A. Students and guests should be directed to this location for transactions or information regarding admission, financial aid, student records, enrollment and Continuing Education. Students who need to see an academic advisor or drop a class will begin the process in the ESC.

- **Email - Official Method of Communication – College to Student**
Email is now the college’s official method of communication with registered students. Students are required to have a valid email address on file. Please notify your students of this policy and use this method when contacting students.

- **Change of Student Information now possible through WebACCSS**
Students may make changes to their address, phone and email through WebACCSS. A restriction prohibiting registration and transcript services will be imposed for incorrect information.

- **Non Payment Fee (reinstatement subsequent to the census date)**
Students who are withdrawn for failure to pay by the established deadline may be assessed a Non-payment fee equal to the current out-of-district tuition rate ($65/er hr) based on the number of hours reinstated. This fee will be charged to any student who attends a class without being listed on the official census roster. It is designed to offset the loss of contact hour funding from students who have failed to make payment. Please help the students avoid having to pay this penalty by calling roll using the current roster from WebACCSS. Class rosters are likely to change daily through the census date so it is important to use real time data. Send students who are not listed on your roster to the Dean of Students Office - do not allow them to attend class.

HyperAlert –“RAVE” is the Alvin Community College emergency notification system. All students are registered and become part of this system when you register for classes. It is designed to quickly warn students of possible threats, severe weather and school closings. It utilizes the email and phone numbers you have entered into WebAccess so please keep your information current.
CONDUCT STATEMENT

Please place your initials beside each of the following statements indicating that you agree!

1. _____ I plan to abide by the policies of the college and the program as outlined in the college and DCVS program student handbooks.

2. _____ I plan to conduct myself professionally when interacting with faculty, fellow students, and clinical staff.

3. _____ I plan to dedicate myself to my education, study hard, work hard, show up on time, and complete my assignments.

4. _____ I will neither moan, groan, whine nor complain. I will try to have a cheerful and positive attitude about learning. I will be kind and try to get along when working with others.

5. _____ I am willing to be a member of a team in both the classroom and in the hospital as a healthcare provider.

6. _____ I will uphold the highest ethical standards. I will not cheat, falsify, forge, or do anything that is unethical as a student or healthcare provider – in the classroom or clinical setting.

7. _____ I will accept all learning opportunities with a smile.

8. _____ I am ready to make the commitment required to be successful in this program for the next two-years.

9. _____ My goal is to complete this program, earn my degree, graduate from the program, and become a sonographer.

10. _____ I am willing to do what it takes to accomplish my goals.

Sign me up!!!!!!!

Student’s Signature________________________________________ Date_______________________

Sign and Return after orientation.
Faculty Reference Authorization Form

- I hereby authorize the faculty members of the DCVS program at ACC to provide a professional reference for me upon request of a potential employer and to answer any and all questions that may be asked concerning my performance in the program including: grades, attendance, clinical performance, and personal qualities.

- Student:_______________________________________________

- Date:__________________________________________________

- Program Director:______________________________________

Sign & Return after orientation

______________________________________________
Signature
ALVIN COMMUNITY COLLEGE  
DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY

Name__________________________ Year/Graduation___________________

Program: ______AAS ______ATC

Tract: ______ECHO ______VASC ______ PEDI

I. Clinical Skills
   A. Quality of scanning techniques
   B. Quantity of complete procedures
   C. Technical skill
   D. Safety

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
</table>

II. Personality Characteristics
   A. Punctuality
   B. Attendance
   C. Motivation
   D. Appearance
   E. Attitude
   F. Accepts responsibility

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
</table>

III. Additional Comments______________________________________________________

______________________________________________________

Evaluation completed by:____________________ Date:____________________

Program Director:____________________ Date:____________________

This evaluation may be given to prospective employers.

*______________________________________________________

Student Signature____________________ Date____________________

*Please sign this form and return it to the DCVS Program Director. This form will be used by your instructors to evaluate your performance during the program. This form will be sent to requesting employers.
FAMILY ORIENTATION

To All Family Members and Friends of our Alvin Community College DCVS Program students:

At this critical time in our student’s education they are going to require a very strong support system from everyone around them.

Our program is very demanding on them and their time both while attending classes, attending clinical sites and any ‘free time’ they might have.

Our students have mandatory requirements of them which include outside scan time (practice) at the college, attending interpretation classes at the medical facilities, meetings with medical directors and professional society meetings, most of which are after school/class times.

Students are required to write papers and case studies and complete projects. This requires many hours of study time both at home and at school and again sometimes after hours meeting with other students in their classes.

We know that not only is this demanding a tremendous amount of the student’s time and effort away from their home life, but that it also puts a hardship on family/friends of the students. We ask that you please be patient and understanding of our students and offer much needed support and encouragement whether it be giving them a little quiet time while at home to study a little longer, taking on a few more chores around the house for them, possibly offering a little extra child care for them, and most of all understanding that they will not always be home at a designated time each day due to their clinicals, meetings, practice scan time or studying at the school.

Family members are welcome to come to the college to tour the labs, volunteer for a scan, and participate in college functions open to the public such as health fairs, the fall festival, open house, plays, concerts or any college events.

Thank you and as always, I am available for any questions or concerns that you might have.

Sincerely,

Jessica L. Murphy BS, RRT-NPS, RCP, RDCS, RCS, RVT, CCT
Program Director, Diagnostic Cardiovascular Sonography
Alvin Community College
jmurphy@alvincollege.edu
"Family Contract"

I __________________ promise to:

✓ Take out the trash

✓ Do the dishes

✓ Make sure the house is clean

✓ Eat fast food

✓ Or help out in any way needed when __________________ is working hard at school or studying

✓ Be kind, and agree to everything that __________________ says for the next two years.

Signed: ________________________________

Date: ________________________________

Agreement will be destroyed on GRADUATION DAY, ______.
STUDENT AGREEMENT

This certifies that I have received my copy of the Alvin Community College Diagnostic Cardiovascular Sonography Student Handbook. I will read this handbook and be familiar with its policies.

I will uphold the standards of a sonographer as required by the ARDMS and the SDMS. This will include adherence to the Clinical Practice Standards, Code of Ethics and all position statements from the SDMS.

If I find that I cannot abide by the policies set forth in this handbook, the clinical handbook, perform the required job functions, and adhere to the college’s policies, I will notify the Diagnostic Cardiovascular Sonography Program Director and withdraw from the program. My act of registering for classes in the DCVS Program implies that I will abide by the policies of this handbook and that of the college and I am able to fulfill the essential job functions of a sonographer.

________________________________________
Name (Print)

________________________________________
Signature

________________________________________
Date

This sheet is to be signed, dated, and turned into the DCVS secretary. The Agreement will be placed in your student file.
RELEASE OF INFORMATION

I hereby give or refuse (circle one) permission to the Diagnostic Cardiovascular Sonography Department to give my name and address to hospitals and other health care facilities for the purpose of recruiting and clinical assignments. This means that I will be contacted only for employment possibilities. I am in no way obligated to the contacting agency. In the event that I withdraw from the program, I understand that my name will no longer be made available.

I hereby give or refuse (circle one) permission to the Diagnostic Cardiovascular Sonography Program to receive the results of my registry exam from either the ARDMS or CCI. Those agencies may release my test results to the college for tracking purposes in compliance with accreditation standards without fear of penalty.

________________________________________________________________________
Name (Print)

________________________________________________________________________
Signature

________________________________________________________________________
Date

This sheet is to be signed, dated, and turned in to the DCVS secretary and will be placed in your student file.
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<th>Spring Semesters 2018</th>
<th>Summer Semesters 2018</th>
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<td>Apr. 18 - 23</td>
<td>Nov. 15-Jan. 8</td>
<td>May 23</td>
</tr>
<tr>
<td>217FA Online reg./enrolled students</td>
<td>218SP Registration on Campus</td>
<td>218SU1 &amp; SU11 Payment Deadline</td>
</tr>
<tr>
<td>Apr. 24-Aug. 14</td>
<td>Jan. 3</td>
<td>May 24-May 5</td>
</tr>
<tr>
<td>217FA Registration on campus</td>
<td>College Opens</td>
<td>218SU1 &amp; SU11 Reg. ($50 Late Fee)</td>
</tr>
<tr>
<td>Aug. 4</td>
<td>Jan. 6</td>
<td>May 28</td>
</tr>
<tr>
<td>Last Friday Closed</td>
<td>Super Saturday/Reg. 8 am - 1 pm</td>
<td>Memorial Day Holiday</td>
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<tr>
<td>Aug. 12</td>
<td>Jan. 9-17</td>
<td>June 4</td>
</tr>
<tr>
<td>217FA/M1 Payment Deadline</td>
<td>218SP/M1 Payment Deadline</td>
<td>218SU1 &amp; SU11 Classes Begin</td>
</tr>
<tr>
<td>Aug. 14</td>
<td>Jan. 8</td>
<td>July 2</td>
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<tr>
<td>217FA/M1 Registration ($50 Late Fee)</td>
<td>Martin Luther King, Jr. Day</td>
<td>July 3</td>
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<td>Aug. 15-22</td>
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<td>July 9</td>
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<td>218SP/M12 Payment Deadline</td>
<td>July 10</td>
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<td>Aug. 16-18</td>
<td>Jan. 16</td>
<td>July 11</td>
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<td>217FA/M1 Classes Begin</td>
<td>218SP/M12 Classes Begin</td>
<td>July 12</td>
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<tr>
<td>Aug. 21</td>
<td>Sep. 7</td>
<td>July 17</td>
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<tr>
<td>217FA/M1 Classes Begin</td>
<td>Labor Day Holiday</td>
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<td>Aug. 28</td>
<td>Jan. 20</td>
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<td>Graduation Application Deadline</td>
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<td>Sep. 4</td>
<td>Jan. 22</td>
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<td>Labor Day Holiday</td>
<td>218SP Census Date</td>
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<td>Aug. 15</td>
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<td>218SP12 Payment Deadline</td>
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<td>Sep. 12-18</td>
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<td>Dean's Reception</td>
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<td>Sep. 28</td>
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<td>217FA3M3 Registration ($50 Late Fee)</td>
<td>Commencement 10:00 am &amp; 1:00 pm</td>
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<td>Dec. 14-Jan. 2</td>
<td>May 7-12</td>
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<td>218SP1P12 &amp; M2 Weekdays End</td>
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This calendar is subject to change. Revised 2/27/17
DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY

OFFICE PHONE NUMBER IS 281-756-5625

OFFICE ROOM NUMBER IS S-108
**FACULTY and STAFF**

**Dean of Technical Programs**
John Bethscheider, EdD

**Medical Directors**
Pediatric Echo – Henry Burkholder, M.D.
Adult Echo - Patrick Kee, M.D.
Vascular - Pansy Tung, M.D.

**Division Chair**
Stacy Ebert, DC

**DCVS Program Director**
Jessica Murphy, BS, RRT, NPS, RDCS, RCS, RVT, CCT

**DCVS Clinical Director**
Suzanne Poston, AAS, RDCS, (AE, PE, FE), RCCS, RCS, RVS

**Clinical Coordinator and Health Fair Coordinator**
Dina Dubose, BAT, RVT, RVS, CCT

**Didactic & Clinical Instructors**

- Deb Kleinhans, AAS, RVT
- Theresa Saenz, AAS, RDCS
- Kat Trantham, AAS, RVT, RDMS (Ob/Ab)

**Office /Phone Numbers**

**Full Time Faculty:**
- **Jessica Murphy**
  S108D  281-756-5650 (Office); 281-923-2182 Cell phone for emergency use only
- **Suzanne (Sue) Poston**
  S-150  281-756-5651 (Office); 713-430-6282, Cell phone for emergency use only

**Clinical Coordinator/Health fair Coordinator:**
- **Dina Dubose**
  S-148  281-756-5663 (Office); 979-848-6334

**Adjunct Faculty:**
- **Deb Kleinhans**
  S-148  281-756-5663 (Office); 281-538-2042  dkleinhans@alvincollege.edu
- **Dee-Dee Metzcher-Carr**
  S-148  281-756-5663 (Office); 832-797-8891  ddmetzatty@msn.com
- **Theresa Saenz**
  S-148  409-770-4751  tsaenz@alvincollege.edu
- **Keisha McKnight**
  S-148  281-756-5663 (Office)  Keisha.harriman@memorialhermann.org
- **Kathryn Trantham**
  S-148  281-756-5663 (Office)  ktrantham@alvincollege.edu

**Administrative Assistant:**
- **Susan Butler**
  S108D  281-756-5650  sbutler@alvincollege.edu
GOALS AND STANDARDS

Program Goal #1
To prepare students for employment within the profession as competent entry-level Diagnostic Cardiovascular Sonographers.

CAAHEP – JRC-DMS Standards

"To prepare competent entry-level adult cardiac sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains” and

“To prepare competent entry-level pediatric cardiac sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains” and

“To prepare competent entry-level vascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”

Curriculum Description
Department of Diagnostic Cardiovascular Sonography

The DCVS program curriculum is composed of didactic instruction, hands-on laboratory, practice, individual outside scanning practice, and supervised external clinical experience. Courses cover a broad range of subjects including: basic patient care concepts, patient assessment, medical terminology, medical ethics, professional issues, anatomy, physiology, hemodynamics, pathophysiology, pharmacology, ultrasound physics, instrumentation, electrocardiodiagnosics, echocardiography techniques, and non-invasive peripheral vascular techniques. The courses in this curriculum include reading, writing, math, and speech requirements. Student’s competency is assessed by written exams, clinical skills competency assessment, final exit exam and a capstone scanning test.
## Curriculum Outline – AE AAS

**FICE 003539**  
**CIP 51.0910**  
Alvin Community College  
**A.A.S. Diagnostic Cardiovascular Sonography – Adult Echocardiography**

### Program Pre-requisites – Must be completed or in progress in order to apply.

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(or CTEC 1401, PHYS 1410, 1415, or SCIT 1420 or any applied physics with a lab)

**Prerequisite Total**  
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### FIRST YEAR

**First Semester** (Summer 11 weeks)

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### SECOND YEAR

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**Semester Total**  
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Consider DSPE 1300 or DSVT 1300 for cross training (Intro to Pedi Echo Tech or Principles of Vascular Tech)

**Semester Total**  
2 4 24 480 7

**Total Credits Required for A.A.S.**

In Diagnostic Cardiovascular Sonography: CLIN 1344  
Specialty in Adult Echocardiography: CTH 2560  
SCH 65

**Updated: 03-15**

**Prerequisite courses must be completed or in progress by the application deadline of February 15th.**

* These courses may be taken prior to acceptance. * DSAE 2303 May be taken in advance of acceptance to renew expired A&P credits.
Curriculum Outline – PE AAS

FICE 003539  CIP 51.0910
Alvin Community College
A.A.S. Diagnostic Cardiovascular Sonography – Pediatric Echocardiography

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(Prerequisite Total: 15 | 9 | 0 | 384 | 18)

** Courses must be completed or in progress by the application deadline of February 15th.

* Courses may be taken prior to acceptance.

* DSAE 2303 May also be taken in advance of acceptance to renew expired A&P credits.

First Year

First Semester (Summer 12 weeks)
- HPRS 1304: Basic Health Profession Skills | WECM | 2 | 3 | 0 | 80 | 3
- DSPE 2255: Neonatal/Pediatric Patient Care Skills | WECM | 1 | 3 | 0 | 64 | 2
- DMSO 1210*: Introduction to Sonography | WECM | 2 | 0 | 0 | 32 | 2
- DSAE 2303*: Cardiovascular Concepts | WECM | 3 | 1 | 0 | 64 | 3

Semester Total: 8 | 7 | 0 | 240 | 10

Second Semester (Fall 16 weeks)
- DSAE 1303: Intro to Echocardiography Techniques | WECM | 2 | 4 | 0 | 96 | 3
- DSAE 1340: Diagnostic Electrocardiology | WECM | 2 | 4 | 0 | 96 | 3
- CVTT 1161: Clinical - Cardiovascular Technology | WECM | 0 | 0 | 6 | 96 | 1

Semester Total: 4 | 8 | 6 | 288 | 7

Third Semester (Spring 16 weeks)
- DMSO1342: Intermediate Ultrasound Physics | WECM | 2 | 2 | 0 | 64 | 3
- DSPE 1300: Intro to Pedi Echo Techniques | WECM | 2 | 4 | 0 | 96 | 3
- DSPE 1265: Practicum – DMST, Intro to Pedi Echo | WECM | 0 | 0 | 18 | 288 | 2

Semester Total: 4 | 6 | 18 | 448 | 8

Second Year

Fourth Semester (Summer 11 weeks)
- DSPE 2257: Echo Eval of Congenital Heart Dz 1 | WECM | 1 | 4 | 0 | 80 | 2
- DSPE 2261: Clinical – DMST, Pedi Echo I | WECM | 0 | 0 | 12 | 192 | 2
- CORE**: Language, Philosophy, Culture or Creative Arts | ACAD | 3 | 0 | 0 | 48 | 3

Semester Total: 4 | 4 | 12 | 320 | 7

Fifth Semester (Fall 16 weeks)
- DSPE 2249: Echo Eval of Congenital Heart Dz 2 | WECM | 1 | 4 | 0 | 80 | 2
- DSPE 2461: Clinical – DMST, Pedi Echo II | WECM | 0 | 0 | 24 | 384 | 4
- CORE*: Social and Behavioral Sciences | ACAD | 3 | 0 | 0 | 48 | 3

Semester Total: 4 | 4 | 24 | 512 | 9

Sixth Semester (Spring 16 weeks)
- DSPE 2259: Advanced Pedi Echocardiography | WECM | 1 | 4 | 0 | 80 | 2
- DSPE 2462: Clinical – DMST, Pedi Echo III | WECM | 0 | 0 | 24 | 384 | 4

Semester Total: 1 | 4 | 24 | 464 | 6

Total Credits Required for A.A.S.:
- CLIN: 1344
- CTH: 2656
- SCH: 65

Diagnostic Cardiovascular Sonography
Specialty in Pediatric Echocardiography

Updated: 03-15

** Courses must be completed or in progress by the application deadline of February 15th.

* Courses may be taken prior to acceptance.

* DSAE 2303 May also be taken in advance of acceptance to renew expired A&P credits.
### Curriculum Outline – VT AAS

**Alvin Community College**

**A.A.S. Diagnostic Cardiovascular Sonography – Vascular Sonography**

**Rubric/#** | **Title** | **Type** | **Wkly Lec** | **Wkly Lab** | **Wkly Clin** | **Sem Cont** | **Sem Cred**
--- | --- | --- | --- | --- | --- | --- | ---
ENGL** 1301 | English Composition I | ACAD | 3 | 0 | 0 | 48 | 3
BIOL** 2401 | Anatomy and Physiology I | ACAD | 3 | 3 | 0 | 96 | 4
BIOL** 2402 | Anatomy and Physiology II | ACAD | 3 | 3 | 0 | 96 | 4
CORE** | Mathematics | ACAD | 3 | 0 | 0 | 48 | 3
PHYS** 1401 | General or Applied Physics | ACAD | 3 | 3 | 0 | 96 | 4

(Prerequisite Total: 15) 9 0 384 18

**FIRST YEAR**

First Semester (Summer 11 weeks)

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Third Semester (Spring 16 Weeks)

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(Semester Total: 4) 6 18 448 9

**SECOND YEAR**

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(Semester Total: 5) 4 12 336 9

Fifth Semester (Fall 16 weeks)

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(Semester Total: 2) 4 24 480 7

Sixth Semester (Spring 16 weeks)

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Consider DSAE 1303 for cross training (Introduction to Adult Echo)

(Semester Total: 2) 4 24 480 7

**Total Credits Required for A.A.S.**

In Diagnostic Cardiovascular Sonography  CLIN  CTH  SCH

Specialty in Vascular Technology 1344 2560 65

Updated: 03-15

**Prerequisite courses must be completed or in progress by the application deadline of February 15th.**

* These courses may be taken prior to acceptance.

* DSAE 2303 May be taken in advance of acceptance to renew expired A&P credits.
Curriculum Outline – AE ATC

FICE 003539  CIP 51.0910

Alvin Community College
Advanced Technical Certificate
Diagnostic Cardiovascular Sonography – Adult Echocardiography

Program Pre-requisites
Associate Degree or higher in a Healthcare field from an Accredited Institution.
Prior education must have included: **Algebra, Physics, English, and Anatomy and Physiology I and II. Must hold a current professional credential.

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Total Credits Required
Advanced Technical Certificate
Diagnostic Cardiovascular Sonography – Adult Echocardiography
Specialty in Echocardiography

Updated 03-15
** Prerequisite courses must be completed or in progress by the application deadline. Deadline is October 15th.
* These courses may be taken prior to acceptance.
* DSAE 2303 May be taken in advance of acceptance to renew expired A&P credits.
Curriculum Outline – PE ATC

FICE 003539  CIP 51.0910

Alvin Community College
Advanced Technical Certificate
Diagnostic Cardiovascular Sonography – Pediatric Echocardiography

Program Pre-requisites
Associate Degree or higher in a Healthcare field from an Accredited Institution and current registry in Adult Echocardiography is required. Prior education must have included: Algebra, Physics, English, Anatomy & Physiology I & II.

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Total Credits Required
Advanced Technical Certificate  CLIN  CTH  SCH
Diagnostic Cardiovascular Sonography  1248  1648  23
Specialty in Pediatric Echocardiography

Updated: 03-15

*This course may be taken prior to acceptance.
## Curriculum Outline – VT ATC

**FICE 003539**  
**CIP 51.0910**

### Alvin Community College

**Advanced Technical Certificate**  
**Diagnostic Cardiovascular Sonography – Vascular Sonography**

### Program Pre-requisite

Associate Degree or higher in a Healthcare field from an Accredited Institution. Prior education must have included: **Algebra, Physics, English, and Anatomy and Physiology I and II. Must hold a current professional credential.**

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### Total Credits Required for Advanced Technical Certificate

**Diagnostic Cardiovascular Sonography**  
**Specialty in Vascular Technology**  
**CLIN** 248  
**CTH** 1888  
**SCH** 37

*Updated 03-15*

**Prerequisite courses must be completed or in progress by the application deadline. Deadline is October 15th.**

* These courses may be taken prior to acceptance.

* DSAE 2303 May be taken in advance of acceptance to renew expired A&P credits.
Alvin Community College
Diagnostic Cardiovascular Sonography Program

Summary of Estimated Program Costs

Associate of Applied Science Degree

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The following expenses are estimated costs:

- Books $1500.00
- Criminal Background Check $70.00
- Drug Screen $40.00
- Physical Exam $200.00
- Scrubs $200.00
- Supplies $150.00
- Various Seminars $150.00
- Graduation Fee $35.00
- Exit Exam Fee $200.00
- Parking at clinical sites $300.00
- Malpractice Insurance $34.00
- Lab and Technical Fees $800.00
- UltraLinQ $550.00
- Trajecsys $150.00

**Sub Total:** $4379.00

**Total Program Costs:** $8858.00 $11,783.00 $15,033.00

ID  OD  NR

Note** ID- In district, OD – Out of District, NR – Non Resident
Residents of Alvin save 50% since they pay ACC tax.
One year of residency in Alvin is required to establish in district status.
Alvin Community College  
Diagnostic Cardiovascular Sonography Program

Summary of Estimated Program Costs

Advanced Technical Certificate Degree

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<td>Physical Exam</td>
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<tr>
<td>Supplies</td>
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<td>$8596.00</td>
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Note** ID- In district, OD – Out of District, NR – Non Resident  
Residents of Alvin save 50% since they pay ACC tax.  
One year of residency in Alvin is required to establish in district status.
DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY

POLICIES
Alvin Community College  
Diagnostic Cardiovascular Sonography  
Policy for Drug Screen and Criminal Background Screening

The purpose of this policy is to:
1. Comply with clinical affiliates who require a student background check and drug screening as a condition of their contract.
2. Promote and protect patient/client safety.
3. Prevent and detect illegal substance use.

DRUG SCREEN General Information
Following acceptance into the program, all students without exception, are required to undergo drug screen testing. It is the student's responsibility to undergo this testing upon notification. Failure to complete drug screen upon notification will cause the student to forfeit their place in the program and an alternate will be chosen. Any student with a positive drug screen will not be eligible to attend clinical and therefore, must withdraw from the program.

Drug screening will be repeated if a student has a gap in enrollment for a year or longer.
Example A: If the student has to withdraw for any reason and would like to return to complete the program, a new drug screen will be required.
Example B: If a current student in good standing wishes to cross-train into a second specialty and who continues with no gap in enrollment will not be required to complete a new drug screen as long as enrollment is continuous.

A student can be removed from lecture, lab, or clinical for suspicion of substance use or any type of impairment; this includes alcohol, and can be required to have random drug testing at the discretion of the college. Fees for drug testing are the responsibility of the student. Failure to appear for the initial or any random drug screening requests will result in immediate dismissal from the program. Positive results on any drug screen will result in immediate dismissal from the program.

DEFINITIONS
Positive Drug Test: A positive drug test means a medically acceptable drug test, approved by Alvin Community College, the results of which indicate the use of illegal drugs. Illegal Drugs: Illegal drugs include those drugs made illegal to possess, consume, or sell by Texas and Federal statutes. An illegal drug also includes those drugs taken by an individual which exceed the prescribed limits of a lawful prescription or the taking of a prescription drug without a valid prescription.

DRUG SCREENING PROCEDURE Drug screening is conducted on all student applicants prior to acceptance into the program and a Positive Drug Test will bar admission to the program. The results of the drug test are generally accepted for the duration of the student’s uninterrupted enrollment in the program unless allegations are made to support reasonable cause that the student is not free of illegal drug use; with reasonable cause the student may be required to submit to further drug screening at his/her own expense. Alvin Community College is responsible for designating and approving the drug testing procedures. The student must complete drug screening at the scheduled time. An unscheduled drug screen will result in an additional expense to the student and conducted at a time and place designated by the college. The student must pre-pay for the drug screen as directed by the Program. The student is required to complete a release directing the company/agency conducting the drug screen test to send the results directly to the Program Director. When the drug test results are reported by the Medical Review Officer,
they are final. Within 10 days of learning of a positive result, a student can request to have their original specimen retested. The request must be stated in writing to Alvin Community College. There will be an additional cost for this process. If the final results change, the student will receive a refund for the requested second testing.

Once the drug screen and the GC/MS (Gas Chromatography / Mass Spectrometry) confirmation are completed, and the Medical Review Officer has reported the results of the second set of testing, those results are final and cannot be appealed.

**POLICY**
When the college determines that a student has a positive drug test, the student is not allowed to attend any clinical agency/rotation for a minimum of twelve months. The student with the positive drug test is required to withdraw from the clinical course and all concurrent health, nursing or allied health programs. Students may reapply under certain circumstances. Prior to returning to the program, the student must re-apply and be accepted to the program according to current requirements (including drug screen re-testing), have a negative drug test, and provide satisfactory documentation to the college of successful drug counseling and treatment, all at the expense of the student. When a student with a previously positive drug test is accepted back into the program he/she will be subjected to unannounced random drug screening at their expense.

**Criminal Background Check**

**POLICY**
Background checks will be conducted as a condition of full acceptance into the Diagnostic Cardiovascular Sonography program. The results will be accepted for the duration of the student’s enrollment in the program if the participating student has not had a break in enrollment at the college and if the student has had no disqualifying allegations or convictions while enrolled. Alvin Community College will designate the agency selected to do the criminal background screening. Results of the background check will be sent directly to the program director electronically via the secured Certified Background portal. The student will pay the cost of the background check directly to the agency. The student will sign a form indicating knowledge of this policy and their belief that they do not have any criminal history that would disqualify them from clinical rotations.

**Unsatisfactory Results**
A student with a significant criminal background finding will be ineligible to enroll in the Diagnostic Cardiovascular Sonography program. Students have the right to petition the ARDMS to have a minor criminal offense evaluated. Upon clearance from the ARDMS, a student will be allowed to enroll or continue in the program. All criminal background information will be kept confidential. ACC DCVS does not keep documentation of criminal offenses on campus. Those files are provided by the student to the investigating agency directly. Students are not obligated to share their criminal history or records with the program. A letter of clearance from the ARDMS is all the program requires. A student who is convicted of a criminal offense while enrolled in the program must report the offense to the program director within three days of the conviction, seek clearance from ARDMS, and provide a letter in order to continue in the program. Failure to report an offense while enrolled in the program is grounds for immediate dismissal.

**Student Rights**
Students sign a release form that gives the program director the right to receive their criminal background information from the agency. If the student believes his or her background
information is incorrect, the student is responsible for providing the evidence of the inaccuracy of the information to the investigating agency. The student will not be able to enroll in the Diagnostic Cardiovascular Sonography program until the question is resolved. The inability to participate in a clinical experience could prevent a student from meeting course objectives and result in failure of the course.

**CONSENT and RELEASE OF INFORMATION**

My signature below indicates that I have read the policy on criminal background and drug screening for the Diagnostic Cardiovascular Sonography program. This form provides my consent for the results of criminal background checks and drug screens to be released to the Alvin Community College program director. I certify that I am not using drugs illegally, I will not be under the influence of drugs or alcohol at class, lab, or clinical, and I do not have any criminal history that would disqualify me from participating in lecture, lab or clinical rotations and if charged or convicted of any major or minor offenses WHILE ENROLLED, I must notify the program director within 3 days of any such convictions. **Failure to notify the DCVS Program of any major or minor criminal convictions while enrolled in the program will result in immediate dismissal.**

________________________________________
Signature

________________________________________
Printed Name

________________________________________
Date
STUDENT APPLICATION AND ADMISSION GUIDELINES

Admission is competitive. Students are admitted to the DCVS program based on a complete application, submission of all supporting documents listed in the current application packet, official transcripts documenting pre-requisite courses and ranked according to the USA – Ultrasound Student Assessment exam, GPA, and professional attributes. ACC DCVS program does not discriminate based on race, gender, religion, country of origin, or sexual orientation. Refer to the DCVS program application and the ACC catalog for complete details regarding application and admission.

PHYSICAL

A physical exam, with documentation of immunizations, color vision, vision and hearing exam, is required by all students upon admission to the program. The physical exam is performed to ensure that students meet the health requirements of the clinical sites and that the specific job functions of a sonographer can physically be performed safely and adequately.

Refer to the physical exam form for complete details. TB skin test (PPD) or Quantiferon or CXR – annually; HEP B – each injection 3 doses AND titer, MMR – 2 doses or titer, Varicella – 2 doses or titer, current TDaP with in the past 10 years after the age of 18, and Season Flu each fall as soon as available. NOTICE: See current immunization policy on DCVS website for complete details regarding immunization policies.

STUDENT RECORDS

Permanent records for each student and graduate are kept in the DCVS office. Records will include the application, physical exam/health records, evaluations, clinical documentation, counseling records, and major tests or assignments. Student records will be maintained for a minimum of 5 years or as required by CAAHEP standards. The information in the student file is confidential and should be kept secure at all times. Students are responsible for keeping their file current. CPR cards, TB skin tests, CXR’s and immunizations records must be renewed PRIOR to the deadline. Students must maintain their required clinical information on the document tracker portal. Clinical activities and evaluations are maintained in the digital tracking system called Trajecsys. Documentation of laboratory scanning is uploaded to a cloud based PACS system called Ultralinx. All digital and paper documentation of students’ progress are considered official DCVS documentation.

Official documentation - Any document that requires a student signature must be signed by the student upon request. Refusal to sign official documentation is grounds for immediate dismissal per progressive discipline policy.

In Clinical - When charting at clinical, all hospital documentation must include the date, time, and employee signature for legal purposes. If a mistake is made, draw one line through it and initial it. This is required for proper medical record documentation.

In Lab – Documentation in lab includes logging in all procedures, obtaining volunteer consent, and getting the post scan evaluation completed by the volunteer. Failure to complete lab documentation will result in progressive disciplinary action per policy.

Digital Records – The DCVS program uses digital record management for clinical (Trajecsys and Castle Branch) and for lab (Ultralinx). These are still considered official college documentation. Falsification of any records will result in progressive disciplinary action per policy.
PROGRAM RECORDS

The DCVS program will maintain records of course syllabi, course exams, faculty CV, current credentials, CME’s, and clinical schedules for a minimum of 5 years or as required by current CAAHEP standards.

PROGRESSION POLICIES

1. The DCVS students will abide by the admission and curriculum requirements of the DCVS Department at the time they are admitted or re-admitted to the program.
2. Once a student has enrolled in the DCVS Program, all core curriculum must be completed in the proper sequence as shown in the catalog and degree plan, or must have the approval of the Program Director.
3. No grade below a C in a DCVS or academic course will be acceptable.
4. A student will be terminated from the program if class, lab or clinical performance is unsatisfactory as determined by a Preceptor, Instructor, or Clinical Director and finalized by the Program Director. This action may be taken at any time during the semester or program. In order to protect the public and due to the time that is required for documentation of clinical competence students who are not competent by the end of the program will not graduate.
5. In the event a student is asked to leave a clinical affiliate, and not return, the faculty will conduct an investigation and the student may not be allowed to continue in the program depending on the severity of the issue. Clinical resources are very difficult to maintain and if a student cannot conduct themselves in a professional manner they will not be allowed to return to clinical therefore forfeiting their place in the program immediately.
6. Only two (2) attempts in any DCVS course will be permitted. If a student does not pass a course in the program with two attempts they are no longer able to continue in the program and they are not eligible to return.
7. A student requiring hospitalization, serious illness, pregnant or sustaining an injury will be required to obtain a written statement from his/her physician verifying that the health status of the student adequate for performance in class, lab and in the clinical setting. A student may not be allowed to return to the clinical or lab area if he/she is unable to perform the required job tasks or if he/she must be on medications which may interfere with his/her ability to perform satisfactorily or is unable to perform the required job functions.
8. Often times when performing assessment practice, scans and EKG’s on students mild to serious pathology could be discovered. If this happens, students will be informed and required to seek medical attention and they must provide a letter from their physician stating they are allowed to continue in the program in the performance of their duties in lecture, lab, and clinical.
9. Unfortunately, there is no “light duty” in this program. If a student cannot perform their duties for any reason they will be allowed to withdraw in good standing and return as soon as they are cleared. A plan for completion will be established that meets the needs of the student and the college time line.
10. Students must complete the program within five (5) years after initial acceptance. If a student returns to complete the program after 5 years they must start over at the very beginning and repeat the whole program.
11. A maximum of 24 hours of credit may be awarded following current Alvin Community College and DCVS guidelines for determining prior learning assessment which may include work experience, credit by exam, professional registry credentialing exams, etc. An assessment of previous learning and training plan will be determined by the program director.
TRANSFER OF DCVS COURSES

1. Students who have completed DCVS courses in another professional school of diagnostic cardiovascular sonography (diploma, associate degree or baccalaureate) must meet the criteria for admission to the DCVS Program at Alvin Community College.
2. Any DCVS course completed more than five (5) years prior to the time the student is accepted will require demonstration of retention of knowledge and skills before being accepted for transfer.
3. Credit for DCVS course(s) will be considered only if the course contains similar content and comparable credit and contact hours (classroom, laboratory and clinical) to the course offered at ACC.
4. Only students who leave their previous school in good standing will be considered for admission to ACC. Letters of reference from the previous program director and at least one clinical instructor are required.
5. Maximum credit hours for transfer may change from time to time. Consult the current ACC Catalog for requirements. Currently a minimum of 15 credit hours for the AAS degree and 11 credit hours for the ATC are required in house to graduate from ACC.

TRANSFER OF ACADEMIC CREDITS

1. Students who have completed academic courses in another college or university must submit an official transcript to the Admissions Office and a copy of the transcript to the DCVS Department for each school attended.
2. Transfer credit is accepted according to the policy as publishes in the college catalog.
3. No grade below a C will be accepted for transfer.
4. Courses accepted for transfer must be similar in content and credit to the ACC course(s). This will be determined by examination of the course description and/or syllabus of each course.
5. Anatomy and physiology knowledge must be current. If A&P II is older than 5 years it must be repeated or the student must take DSAE 2303 PRIOR to acceptance to demonstrate command of anatomy and physiology knowledge.

READMISSION OF FORMER ACC DCVS STUDENTS

1. A student who has withdrawn from the DCVS program and now wishes to re-enter must:
   a. abide by the current admission and curriculum requirements of the department;
   b. notify the Program Director by the application deadline for program readmission; Feb 15 for AAS and Oct 15 for ATC.
   c. provide the DCVS Department with a completed up-to-date physical examination. (form to be supplied by the DCVS Department)
   d. provide the DCVS Department with an up-to-date transcript of any college work done since previous program enrollment.
   e. repeat the drug screen and criminal background check if the gap in enrollment is more than 1 year.
   f. renew all required clinical items such as: TB skin test, CPR, Seasonal Flu shot.
   g. renew all required programs such as: the Document Tracker, Ultralinq and Trajecsys.
2. Students who have withdrawn or failed due to technical or academic deficiencies may be readmitted to the program on a probationary status. If the student fails to maintain a satisfactory grade point average (GPA 2.0), attendance, and class, lab and clinical conduct during the first semester after the
readmission, he/she will be terminated from the program and will not be eligible for readmission at any future date.

3. Students not enrolled for more than one (1) semester must be evaluated on their clinical skills before returning to the clinical site(s). Scanning opportunities will be offered and should be performed to retain skills.

WITHDRAWAL FROM COURSES

A student who wishes to withdraw from a DCVS course must, before the official drop date, follow current college procedures for dropping the course. See instructions on the college web site at www.alvincollege.edu or contact the ESC for assistance.

Non-attendance will not constitute withdrawal. A student who no longer attends classes without officially withdrawing will receive an F for the course.

If a student needs to withdraw from a the DCVS program or an individual course they should contact the instructor of record and the program director as soon as possible. Failure to communicate in a proper manner could result in denial to return.

DRESS CODE

Dress code for classroom is casual. Please bring a sweater. We keep the room cool because the ultrasound machines can overheat.

Dress code for Lab is professional casual: slacks or nice jeans. ACC DCVS t-shirt, polo or scrub shirt with student ID badge is required when working with patients/volunteers. No flip-flops or beach sandals are allowed to be worn during lab time.

Clinical dress code – refer to clinical manual.

Tattoos and Body Piercing – It is highly recommended that students refrain from displaying tattoos and body piercing. This does not convey a professional image and many hospital policies forbid employees from having visible tattoos and/or piercings. For clinical and laboratory: Students must keep any visible tattoos covered and remove visible body piercing (except for a maximum of two in each ear - NO Gauges, Bars, or Spikes allowed)

Hair Color – Students should only have hair that is a natural color. Highlights, overall hair color, and perms are acceptable as long as they are a color that could normally occur naturally in humans. Please no loud or drastic colors.

Academic Integrity

Alvin Community College
Code of Academic Integrity and Honesty

CODE OF ACADEMIC INTEGRITY AND HONESTY
Students at Alvin Community College are members of an institution dedicated to the pursuit of knowledge through a formalized program of instruction and learning. At the heart of this endeavor, lie the core values of academic integrity which include honesty, truth, and freedom from lies and fraud. Because personal integrity is important in all aspects of life, students at Alvin Community College are expected to conduct
themselves with honesty and integrity both in and out of the classroom. Incidents of academic dishonesty will not be tolerated and students guilty of such conduct are subject to severe disciplinary measures.

What is Academic Dishonesty?
Academic dishonesty is any form of cheating and/or plagiarism which result in students giving or receiving unauthorized assistance in an academic exercise or receiving credit for work which is not their own. Kibler, W. L., et al, Academic Integrity and Student Development: Legal Issues and Policy Perspectives, Asheville, North Carolina: College Administration Publications, 1988, pp. 1-3.

Cheating includes, but is not limited to the following:
1. using any sources not authorized by the instructor (textbooks, notes, the work of other students, etc.) to complete examinations or other assignments;
2. using unauthorized electronic equipment during an examination or other assignment;
3. submitting work presented previously in another course, if contrary to the rules of either course;
4. altering or tampering with grades.
5. **use of ANY notes during check-off or capstones.**

Plagiarism includes, but is not limited to the following:
1. using the ideas and/or words of another person without giving that person appropriate credit;
2. representing another’s artistic or scholarly works (i.e., musical compositions, computer programs, photographs, paintings, drawings, sculptures, etc.) as your own;
3. submitting a paper purchased from a research paper service, including the Internet;
4. using undocumented Web source(s).

Other Specific Examples of Academic Dishonesty
1. allowing another student to copy from your paper during a test;
2. giving your homework, term paper or other academic work to another student to plagiarize;
3. having another person submit any work in your name;
4. lying to an instructor or college official to improve your grade;
5. altering a graded work after it has been returned, then submitting the work for re-grading;
6. stealing tests;
7. forging signatures on college documentation;
8. collaborating without permission of the instructor;
9. giving false or misleading information to an instructor in an effort to receive a postponement or an extension on a test or other assignment;
10. accessing computerized college records or computer systems without authorization
11. providing material or information to another person with knowledge that such aid could be used in any of the violations stated above.
12. falsification of any college documentation.

Students are expected to report incidents of academic dishonesty to the instructor, department chair, division chair, or college administrator.

Consequences of Academic Dishonesty at Alvin Community College
Students who commit acts of academic dishonesty not only receive college sanctions, but possibly jeopardize future employment and educational opportunities. Graduate and professional degree programs and employers may request information from the college regarding a student’s disciplinary record in an effort to investigate moral and ethical character.
According to college policy, academic and/or administrative sanctions may be applied in cases of academic dishonesty. In all cases, students will have a right to due process.

Instructors must complete an Academic Dishonesty Incident Report for any student charged with conduct violations. The following sanctions may be imposed by the course instructor:

- assign a reduced grade on assignment, paper, project or exam;
- assign a failing grade on assignment, paper, project or exam;
- lower the grade in the course;
- assign an F in the course.

Students who receive a sanction for academic dishonesty will also receive a disciplinary reprimand. The reprimand will be entered on the student’s disciplinary record.

The student may request a Disciplinary/Administrative Hearing by following the current ACC procedure listed in the catalog. If a hearing is requested, the course grade will be “Incomplete” until the outcome of the hearing is finalized. Cheating is classified by the Alvin Community College Student Handbook as a Class II offense and offenders are subject to the penalties described under the section, “Measures to Enforce Standards of Student Conduct.” Pending the outcome of the hearing, the student will receive one of the following actions:

- be exonerated of the charge;
- receive the instructor assigned sanction and a disciplinary reprimand;
- receive disciplinary probation with or without specified conditions;
- receive disciplinary suspension with or without specified conditions;
- be expelled from Alvin Community College (repeat offenders).

The Director of Admissions and Academic Advising maintains a record of students who have engaged in academic dishonesty. This information is used to identify and track repeat offenders. A record of conduct violations shall be maintained for a period of five years from date of the last entry concerning any disciplinary action. Permanent records are maintained in cases of suspension or expulsion.

**NOTE:** The College subscribes to turnitin.com plagiarism detection services. If a student is caught they will be subject to course failure and possible dismissal from the program. All disease papers and clinical case study papers will be turned in to the instructor, submitted via email as a word document.

**SOCIAL NETWORKING SITES**

The DCVS Department at Alvin Community College recognizes that social networking websites are used as a means of communication. **Future employers** often review these network sites when considering potential candidates for employment. No privatization measure is perfect. Information can "live on" beyond its removal from the original website and continue to circulate in other venues.

In your professional role as a care-giver, do NOT:

- Present the personal health information of other individuals. Removing the individual's name does not constitute proper de-identification of protected health information. Including data such as age, gender, race, diagnosis, date of evaluation, clinical location, supervising technologist or physician, or type of
• Present yourself as an official representative or spokesperson for the Alvin Community College DCVS Department or Clinical site.
• Utilize websites and/or applications in a manner that interferes with your clinical commitments.
• Discuss your clinical sites, staff, faculty, or other students on social media.
• Post pictures of you in your clinical attire, ACC T-shirt or DCVS shirt, badge or any other means of identifying you as a student in an inappropriate way or with inappropriate comments.

Individuals should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful. The actions listed below are strongly discouraged.
• Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
• Presenting information that may be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.
• Make any kind of threat to harm any individual or group of any kind.

Therefore, think carefully before you post any information on a website or application.

Additional DCVS Integrity Policies

Exams

Written Exam security is extremely important. Students many not share information regarding any exam with classmates under any circumstances. Students may not take notes regarding the exam, download, print, copy, photography, record or have any form of duplication of any DCVS exam. Recording devices, cell phones, smart devices, smart watches and advanced calculators are not allowed while taking or reviewing exams. Desks must be clear and faculty must be present when exams are in the hands of students. NO student may have their phone out when DCVS exams are being taken or reviewed.

Capstones, Check Offs and Competency Assessments are considered exams and fall under the jurisdiction of our academic integrity policy. Students are NOT allowed to use ANYTHING to assist them while performing skills or scan tests of any kind. Students may not have anything with them while they are testing and this includes but is not limited to the following: No phones, No backpacks, No purses, No books, No notes, No cards, No lists, No protocols, No talking to classmates, no nothing will be allowed while you are testing. The program expects students to know the procedure, protocol, formulas and any and all pertinent information in order to get the job done. If you need a pad to write information and values on while performing the procedure, the pad must be BLANK. No writing on the pad of any kind before you start. The only thing we will allow in the room with the student while performing a skill or scan test is the supplies needed, the patient’s chart, patient consent form, a blank pad or paper and the student report or hospital worksheet. This includes lab and clinical assessments.

Additionally, students who are scanning or getting checked off on each other may not help each other, motion to each other, hint to each other, or position themselves or do anything to help their classmate in any way. As the patient, you need to do exactly as you are told when you are told and not before. The program has to be sure that each and every student is fully capable of explaining and performing procedures on patients without assistance from anyone. If you were the real patient you would have the same standard.
Alvin Community College DCVS Program will use the following progressive discipline procedure when disciplinary action is required as a result of a student’s substandard performance and/or violation of policies, procedures, and rules concerning classroom, laboratory, and clinical conduct. Any disciplinary action taken is to counsel and mentor students and to provide them with the opportunity to improve his/her work performance before dismissal becomes necessary. Adherence to policies, procedures, and rules is vitally important to those entering the workforce in a healthcare profession where patient safety is our primary objective. Infractions of DCVS policies and procedures will result in punitive deductions from the student’s final course average according to the chart below.

**RANGE OF PENALTIES:**

<table>
<thead>
<tr>
<th>Infraction Description</th>
<th>1- Lesser Infraction</th>
<th>2- Minor Infraction</th>
<th>3- Major Infraction</th>
<th>4- Serious Infraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeated failure to complete required assignments and on time</td>
<td>1-2</td>
<td>2-3</td>
<td>3-4</td>
<td>4-10</td>
</tr>
<tr>
<td>Performing work of poor quality</td>
<td>1-2</td>
<td>2-3</td>
<td>3-4</td>
<td>4-10</td>
</tr>
<tr>
<td>Improper manner/behavior</td>
<td>1-2</td>
<td>2-3</td>
<td>3-4</td>
<td>4-10</td>
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<tr>
<td>Taking excessively long breaks</td>
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<td>1-3</td>
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<td>3-10</td>
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<tr>
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<tr>
<td>Abusive/Obscene/Offensive language</td>
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<td>Failing to report to class, lab, clinical on schedule</td>
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<td>n/a</td>
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<td>n/a</td>
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<tr>
<td>Insubordination</td>
<td>3-4</td>
<td>4-7</td>
<td>n/a</td>
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</tbody>
</table>
### PROGRESSIVE DISCIPLINE PROCEDURE

**FIRST OFFENSE** | **SECOND OFFENSE** | **THIRD OFFENSE**
---|---|---
**MIN** | **MAX** | **MIN** | **MAX** | **MIN** | **MAX**

<p>| Unacceptable use of cell phone in class or clinical | 1 | 2 | 2 | 4 | 3 | 4 |
| Failure to meet official directives and established policies | 1 | 2 | 3 | 4 | n/a | n/a |
| Failure to achieve professional improvement or growth | 1 | 2 | 2 | 3 | 3 | 4 |
| Inefficiency / Incompetency in performance of duties | 1 | 3 | 3 | 4 | 4 | n/a |
| Repeated / Continuing neglect of duties | 2 | 3 | 3 | 4 | 3 | 4 |
| Under the influence of alcohol/drugs (post effects, hangovers) During class, lab, or clinical. | 3 | 4 | 4 | n/a | n/a | n/a |
| Threats / Verbal Abuse of another student, faculty, clinical preceptor or other person(s) | 3 | 4 | 4 | n/a | n/a | n/a |
| Misuse of College property; Improper use of computers, lab equipment, supplies | 1 | 2 | 3 | 4 | 3 | 4 |
| Failing to safeguard confidential information or HIPAA violations | 2 | 3 | 3 | 4 | 3 | 4 |
| Discrimination against another person(s) (racial, sexual, age, etc.) | 3 | 4 | 3 | 4 | n/a | n/a |
| Stealing College equipment, funds, or materials | 3 | 4 | 4 | n/a | n/a | n/a |
| Falsification of a record | 3 | 4 | 4 | n/a | n/a | n/a |
| Physically attacking or threat to attack another person(s) | 3 | 4 | 4 | n/a | n/a | n/a |
| Unauthorized possession of fire arms | 3 | 4 | 4 | n/a | n/a | n/a |
| Immoral conduct or indecency | 3 | 4 | 4 | n/a | n/a | n/a |
| Conviction of a major or minor criminal act | 3 | 4 | 4 | n/a | n/a | n/a |</p>
<table>
<thead>
<tr>
<th>Infraction</th>
<th>FIRST OFFENSE</th>
<th>SECOND OFFENSE</th>
<th>THIRD OFFENSE</th>
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<tbody>
<tr>
<td></td>
<td>MIN</td>
<td>MAX</td>
<td>MIN</td>
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<tr>
<td>Academic Dishonesty</td>
<td>3</td>
<td>4</td>
<td>4</td>
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<td>Cheating</td>
<td>3</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Forgery</td>
<td>4</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Unethical or Unprofessional conduct or Improper relationships</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
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<td>Unsatisfactory clinical performance</td>
<td>3</td>
<td>4</td>
<td>3</td>
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<td>4</td>
<td>3</td>
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<tr>
<td>Incomplete, Inaccurate, or Improper documentation</td>
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<td>3</td>
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<tr>
<td>Failure to progress with development of skills and knowledge</td>
<td>1</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Repeatedly missing scheduled exams</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Repeated failure of competency assessments</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Failure to sign official DCVS documentation/forms</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>Social Media Violations</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Failure to report for drug/alcohol screening.</td>
<td>4</td>
<td>4</td>
<td>n/a</td>
</tr>
</tbody>
</table>
The Progressive Discipline policy is in effect for all students enrolled in the DCVS program for the duration of the entire length of the program. Disciplinary action may be taken at any time, during any semester, and at any point during the program that it is warranted by the student’s actions. The chart of offenses and list of punitive actions will be adhered to and the final course grade will be reflective of those deductions. If dismissal is warranted, it can occur at any point during the program and effective immediately.

Students who are dismissed from the DCVS program may choose to follow the college’s grievance procedure starting with the Division Chair of Allied Health, then the Dean/Provost of Technical Programs, and then the Dean of Students. If not resolved to the student’s satisfaction they have a right to appear before the Academic Affairs/Judicial Committee according to college policy as stated in the ACC Student handbook. If a student is dismissed they will no longer have access to DCVS laboratories, classrooms, Trajecsys digital clinical record system, or clinical facilities. Students will not be allowed to continue to attend class, lab or clinical pending the findings of the hearing. If a student is allowed to return to the DCVS program after the hearing is conducted, then arrangements will be made for that student to attend the class, lab, or clinical that was missed as soon as it is offered again. Conditions for returning to the DCVS program will be made in writing and students will follow those conditions with NO FURTHER INFRACTIONS or they will be immediately removed from the program permanently.

I have read, understand, and agree to abide by the progressive discipline policy as stated on the previous pages. Sign and return this form.

Student name: ____________________________________________

Student Signature: _________________________________________

Date: _____________________________________________________
EVALUATION

Students are evaluated on an ongoing basis. This ongoing evaluation is documented by the mid-term evaluation conducted each fall and spring semester to assess their progress in the clinical, classroom, and laboratory settings. The assessment includes the current grade, strengths, weaknesses, attendance, tardiness, absences, instructor and student comments. End of semester evaluations are also completed each semester at the end of clinical. Remediation is performed at these times if necessary. Also, each clinical semester, the students perform a self-evaluation of skills and knowledge to identify any issues they feel need attention. At the completion of the program students are evaluated by each of the instructors and program director on both behavioral attributes and clinical proficiency.

Please see Mid-Term Evaluation, End of Semester evaluation, End of Program evaluation and Student Self Evaluation form in appendix.

REMEDIATION

Remediation is not punitive. Remediation is a plan to help a student meet their educational and professional goals. If a student is failing academically, technically or having trouble in a course a remediation plan may be implemented if all parties agree that remediation will be beneficial. The instructor and the student will agree and sign off on the plan. The plan could include but is not limited to: additional reading, additional scanning practice, additional cases, take home work, and referral to counseling center. A date to re-evaluate the students’ progress will be set and follow up will also be documented. If a student is failing or having difficulty with scanning, they can be placed on skills remediation. Students who fail their Capstone Scanning test at the end of each semester will have a total of 3 opportunities to pass. If the student still fails they will be given an incomplete grade for the course. The student will have the semester break to practice and then re-test with in the first 2 weeks of the following semester. If they still do not pass the previous grade will be changed to an F and the student will have to drop out of the program. The student can repeat that course the next time it is offered and then continue in the program after successful completion of that course. If they do not return during the specified semester they will have to re-apply with the next admitting class. See the Remediation Form for details and documentation.

PROBATION

Probation is only used in rare circumstances where a student is not working at the level that is expected of the student in the DCVS program. We have high expectations of our students in terms of adhering to the course syllabus, the clinical manual, student manual, and hospital policies. Probation students may or may not be violating college or DCVS policies but may have habitual issues which could include behaviors such as tardiness, late work, etc. A student may be placed on probation for one semester or for the duration of the program. If the behaviors improve and remain at the level that is expected then a student may continue in the program. If a student is on probation and they do not meet the level of expectations as outlined in the probation contract the student will not be allowed to continue in the program.

EXIT FORM

If a student fails or drops out of the program an exit interview will be conducted to determine the reason and to discuss options for returning to the program if eligible. If a student fails to contact the program and complete the exit form in a timely manner they will not be eligible to return. See the EXIT FORM for more details.
Alvin Community College
Diagnostic Cardiovascular Sonography Program

REMEDIATION FORM

Student Name: __________________________   Course Name/Number: __________________________
Instructor: ___________________________   Date: ___________________________

Remediation Plan:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Instructor Signature: ___________________________   Date: __________

Student Signature: ___________________________   Date: __________

Follow Up Date: ___________________________

Follow Up Action:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Instructor Signature: ___________________________   Date: __________

Student Signature: ___________________________   Date: __________
Alvin Community College
Diagnostic Cardiovascular Sonography Program

EXIT FORM

Student Name: ___________________________  Program: ___________________________

Date: ___________________________

Reason for Leaving Program:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Plans to Return?  _____ Yes  _____ No  If YES, document action plan:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Program Director Signature: ___________________________  Date: ___________________

Student Signature: ___________________________  Date: ___________________
Overall Classroom Rules

1. No cell phone use during class OR clinical. Please turn phones to the off or vibrate position. If you have an emergency please step out of the classroom. No cell phones allowed during an exam. If you choose to take a phone out during an exam or during an exam review you will be asked to turn your test in at that time and receive a zero. No digital recorders may be out while the exams are being reviewed. See clinical manual for specific cell phone policy for clinical.

2. Do not use the classroom/laboratory computers for personal use. The computers are there for school purposes only. If an instructor sees or hears inappropriate material on a computer the student will lose computer privileges permanently. Do not use the computer during class time or lab time. You should only use the computers before/after class or during breaks only. This policy applies for clinical as well.

3. Communication regarding personal issues, grades, problems with the class or instructor should occur before/after class in private with the instructor.

4. No gossiping about other students, clinical sites, other faculty. If you need to communicate something to the instructor please do so privately. Especially watch what you post on social media. Think of how it could be perceived by others. Understand you will be judged by what is on your personal social media sites by your clinical sites and potential future employers.

5. No food or drink in the classrooms. Please clean up the classroom and lab before you leave for the day.


7. Keep lab, equipment, refrigerator and coffee maker clean.

Recording and Photography Policy

POLICY – Students may not photograph or record the instructor or fellow classmates without written consent. From time to time students may wish to record lectures, demos, and or in-services. Student must first gain the permission of the faculty member and any student model who may appear in the photo or video. A photo release form must be signed which can be obtained from the DCVS assistant in S108. Any photos or videos taken should not be posted to the internet due to privacy issues. Sign attached photo/video release.

Taking and Reviewing Exams

1. All purses, backpacks, materials, and phones will be packed up, zipped up and placed in the storage room during exams and when graded tests are being returned for review.

2. Desk tops will be completely empty during exams with only a pen/pencil and blank sheet of paper to keep test covered at all times while taking the exam. Desk will also be cleared while reviewing graded
exams. Nothing (no paper, no pencils/pens) should be on the desks or in the student’s possession while reviewing tests.

3. When graded exams are being handed out for review students will come to the front of the classroom as their name is called out to pick up the tests so the instructor does not have to turn their back on anyone in the classroom while the exams are out.

4. A web camera may be used to record all test taking and reviewing sessions in order to deter any possible cheating.

5. Students are not allowed to have their exams without an instructor present at all times. Once the exam or review is finished the instructor should take the exams to the DCVS faculty office and lock the door.

6. All measures and precautions should be followed to prevent students from obtaining copies of tests including: secure electronic sources of exams, log off computers when not in use, secure printed copies of tests behind locked doors, all completed exams will be kept in a locked file cabinet.

In addition to the ACC policy on academic dishonesty cheating on written exams is defined as sending, sharing, or receiving information pertaining to tests, copies of tests, or test questions in any format including but not limited to texts, photos, copies, handwritten, or verbally transmitted information.

Any student found cheating, involved in cheating, or participating in any way in cheating will face the consequences listed in the progressive discipline chart. Students aware of cheating will report it immediately or face the same consequences.

**Student Lab Cleaning Guidelines**

I want to make clear that we are all responsible for the condition of the labs, classrooms, and storage area. It takes all of us (students and faculty) pitching in to keep it looking nice, professional and running smoothly. Remember, we have community volunteers and our family members coming to our labs as well as prospective students.

1. All classrooms and labs should look neat and clean at the end of your time in the lab EVERYDAY.
2. Keep the beds made up and change out the cover sheet and or table paper in between patients. If the bedspread gets dirty, wash it and re-make the bed.
3. CLEAN the machines DAILY.
4. KEEP the machines covered when not in use. If you are going to use it soon put it in FREEZE mode.
5. Go to the New Patient Info Page before you power the machine down.
6. KEEP cables untangled and OFF the floor.
7. CLEAN the microwave and coffee pot DAILY. (everyone uses it…so clean it)
8. CLEAN the fridge out. Label your items with your name and the date. Take it home or it will be thrown out, dishes and all.
9. RESTOCK the gel, table paper, T-spray, sanitizer, electrodes, and other supplies DAILY. Check each station.
10. THROW away YOUR trash.
11. WASH linen DAILY. Keep the white linens together on the shelf and use those first. Everyone must take turns doing the laundry.
12. CHECK the bulletin boards regularly for news and important info. If something is out of date, pitch it.
13. Journals should be reviewed weekly for current articles and events. I try to flag the items that you all need to read so that should help some. At the end of the month, file the old Journals in the storage room.

14. LOG book – log in ALL people who are scanned. Leave a blank space in between days. INSTRUCTORS should initial the log book including outside scan labs.

15. PERMISSION forms should be signed by the instructor and filed in the folder on the counter top in the storage room. DO NOT LEAVE CONSENT FORMS WITH PATIENT info lying all over the lab.

16. If you clean something out in the sink rinse it out and don’t let food clog up the drain.

17. Instructors – LOG off the computers and LOCK up the labs EACH TIME.

**LAUNDRY**

1. Wash linen *Daily*. Keep the white linens together on the shelf and use those first. Save the ugly mismatched hand-me-down linens for use only after the white linen supply has been used.

2. Only run a FULL load of laundry.

3. Don’t start laundry unless you plan to finish it or make sure there will be someone here the next morning to change it over so the items in the washing machine do not begin to smell.

4. You don’t need to change linens if you are using table paper unless the linen becomes soiled.

5. Use table paper and paper gowns when applicable to help cut down on some of the laundry.

**Student Sonographer Check List**

1. Check the schedule, call volunteers to remind them of their appointments, divide the scheduled work load among classmates.

2. Professionalism check – wearing uniform and name tag, have materials and assignments ready to go, looking good, smelling good, feeling good, smile!

3. Gather supplies, check equipment, grab forms, check the chart, confirm the order (echo or vascular appointment)

4. Greet patient, ID patient, Introduce yourself, Explain Procedure, Mention Eval to complete when done


6. Get consent form signed, take to instructor to get it signed, file completed consent.

7. Explain donations and collect if offered. Write a receipt and place $ in donation envelope.

8. Escort patient to exam room.

9. Explain and/or assist with dressing, gown, and sheet. Pull curtain for privacy

10. In privacy, obtain history, perform physical exam, take blood pressure

11. Input information into system, attach physio if applicable

12. Comfort care: position patient, provide pillows and blanket as requested, grab warm gel, replace with full bottle

13. Communication: instruct patient to let you know if they are uncomfortable, if the pressure is too much, or if they need a break to let you know. Ask if they have any questions before you begin.

14. Perform scan in a timely manner and check on patient’s comfort occasionally. Ask if they need a break.

15. When exam is finished bring instructor in to review scan. Perform any additional images as requested by instructor. Do not allow patient to leave until instructor has cleared them.

16. Explain end of scan instructions and or assist with dressing

17. Have patient/volunteer fill out evaluation of student form
18. Thank the patient for coming and ensure they know what to do next
19. Hand Off Communication - Take the patient/volunteer to their next appointment if applicable. Do not drop them off! Speak to the person who will be taking care of them, make sure they know the patient is there.
20. Clean up your area, process your paperwork, and file all forms. Do not leave patient info lying around.
21. Check to see if anyone else is waiting. Take the next patient/volunteer if no other students are available.
22. If no other patients or volunteers are waiting, perform routine lab tasks:
   a. Clean areas, do laundry, refill and restock supplies
23. Be professional, Be responsible, Be the BEST!! You are the face of this program. You represent us to the community. ACC DCVS is awesome because of YOU!! Let’s keep it that way.

**ACC DCVS GOSSIP POLICY**

Gossip

1. Gossip can start anywhere and is detrimental to the person doing the gossiping and the people being gossiped about.
2. Most gossip involved with the DCVS program starts because students do not keep their personal business confidential. Especially disciplinary issues.
3. Any and all disciplinary issues discussed with students are strictly CONFIDENTIAL. Students should not divulge disciplinary action to other classmates or clinical preceptors.
4. By sharing those issues with other students it starts gossip that eventually causes stress, anxiety, and further disciplinary actions.
5. Once this goes on, it usually spreads to the clinical sites where more drama, strife and disruption occur.
6. Gossip causes preconceived notions and poor attitude towards the individual being gossiped about. If a clinical site is involved, it causes students to be unnecessarily apprehensive about going to that site or working with an individual.
7. This can causes students to unknowingly act differently, be defensive, or even say or do inappropriate things. This further degrades the situation and makes matters worse. It causes a self-perpetuating cycle.
8. Gossip creates a poor reflection on the student who is doing the gossiping and can paint the clinical sites, sonographers, or preceptors in an unfairly negative light.
9. Ultimately, gossip jeopardizes our clinical affiliation relationship which is unacceptable.
10. No site wants to have a student who gossips and no preceptor will want to work with students or a program that cause trouble for them.
11. IF a student has a legitimate complaint about a site, a physician, or a preceptor, then that student should come to us and speak confidentially about it so we can address it through the proper channels.
12. This is done discretely and confidentially to protect the site, the preceptor and the student.
13. If students cannot refrain from gossiping, their standing in the program will be in jeopardy because we cannot afford to lose our clinical sites.
DCVS PROGRAM GRADING SYSTEM

A - 91 – 100
B - 82 – 90
C - 77 – 81
F - 76 and below is failing

All capstones, clinical competencies, check-off’s and exit exams must be passed with an 85% or higher.

Calculation of the grade for each course is described in the individual Syllabus for that course.

GRADE CHANGE REQUEST
If a student has a concern regarding their grades they should first see the instructor of record for that course. If there is still a discrepancy, the student may request a meeting with the program director and course instructor. The student should bring any required documentation to support the claim for a grade change. This could include the syllabus, student or clinical manual, assignment rubric, or recent email or BlackBoard communication from faculty member stating grading requirements. The majority of grade change requests are easily rectified together as a team. If there is still a concern about a grade the student can follow the grievance procedure stated in this manual. If there is still further concern the student will then follow the process outlined in the ACC Student Handbook concerning Academic Challenges.

INCOMPLETE GRADES
Any time a student is given an incomplete grade for a particular course an incomplete contract will be filled out stating the plan to remediate the course completion requirements and the deadline. DCVS students have a maximum of ONE semester to complete the previous course requirements. Once the course completion requirements are met the faculty member will issue an official grade change form and send this to the records office. If the student does not complete the requirements as stated in the incomplete contract by the deadline the grade for the course will revert to an F. The student may be required to sit out or drop from the program depending on the course that was failed, pre and co req courses, and the number of attempts at that course.

ATTENDANCE

Students are expected to attend ALL classes, labs, and clinical regularly. The student is responsible for being present and on time and for preparing adequately for each class by reading ALL assigned material prior to class.

A student who accumulates more than four (4) class absences per course during any semester may be dropped from the program. See progressive discipline chart. All absences are treated the same regardless of reason which includes but is not limited to the following: family emergencies, pregnancy, death in the family, illness, family illness, car trouble, doctor’s appointments, etc.

The only excused absences are for attending a Sonography related seminar, SPI or Specialty registry exam day, (approved by the program director with proof of attendance) and severe acts of nature such as hurricanes and flooding when the college closes.

Students are held accountable for all missed work. The student is responsible for contacting each course instructor regarding materials distributed in class, assignments made during class, and make-up assignments for any classes missed.

Each course syllabus spells out the specific requirements for when an exam or quiz is missed. See the specific course syllabus for more details.

The clinical setting has a slightly different policy. See clinical manual for clinical attendance policy.
CONFERENCES
Students and faculty may attend national ultrasound conferences with an excused absence from class, lab, and clinical provided they attend the meetings and document enough hours to equal those hours that were missed. A CME log, signed clinical time sheet or certificate is adequate to document attendance. Time spent at parties, sightseeing, entertainment will not be counted towards the time required to cover the absence.

BONUS POINTS/SERVICE LEARNING POINTS (SLP)
See Attached Bonus Point/SLP Form near the end of this manual.

In order to instill in future Sonographers the desire to pursue educational activities beyond the campus structure, credit will be given for attendance/participation in activities other than classroom or curriculum requirements.

Students, if desiring credit, must document their attendance/participation AT THE TIME OF the activity. Examples of some activities for which credit may be given are: attendance at local, state, or national educational medical programs, involvement with the health fairs, attendance at local organizational meetings, joining the national or local professional organizations.

SLP - See clinical syllabus or Blackboard for current policy, list and point values.

BONUS - All bonus credit will be applied to the final grade for DCVS classes only NOT including clinical courses. A maximum of two (2) points per course may be applied.

CLINICAL - Bonus points may only be awarded to clinical courses for perfect clinical attendance and for any STAR awards received See clinical manual for information about STAR awards and perfect clinical attendance.

Deadline for bonus points is the last scheduled class day prior to final exams.

Homework Pass In order to use a bonus point as a Homework pass, students must get approval from their instructor, in advance. Homework Passes may be used once per semester, per class, for a classroom assignment, as approved by that instructor. The Homework Pass will be a grade of 95, and it may not be used for any scanning assignments, quizzes, or exams.

Activities can only be used ONCE for ONE thing. Ex: Students may not submit the same activity for bonus points and SLP or homework pass. Any unused bonus points are good for 1 calendar year and expire every December.

ASSIGNMENTS

All assignments are to be completed and turned in on the date specified in class. Five (5) points will be deducted from each assignment for every scheduled class-day that the assignment is late. Laboratory assignments are due on the day specified in the course/lab schedule. If the lab assignment is not turned in as specified in the syllabus 15 points will be deducted and will only be accepted up to 1 week late.

MAKE-UP EXAMINATIONS

Exams - Students may miss one (1) unit examination per course, which must be made up on the date of return. If a student is absent for an exam for the second time, no make-up exam will be given. The student MUST then take a comprehensive final exam to be averaged in place of the missed exam. A third missed
exam will result in a zero. For students who miss no more than one exam per class per semester, the cumulative final exam may be used to replace the lowest test score for that class.

**Check offs** – If a student misses the original scheduled day for a check off that will count as their first attempt. If they miss the next scheduled day that will count as the second attempt. Students should make every effort to be in attendance on check off days. Each syllabus may have additional policies regarding attendance for competencies and check offs.

**Quizzes** – Any missed quiz can NOT be made up.

**EMPLOYMENT**

Students are often employed during the time they are enrolled in the DCVS Program at ACC. The work schedule must be adjusted so that the student may attend full-time **BOTH** – academic classes and clinical assignments. The scheduling of DCVS courses must take precedence over that if the employment. If work interferes with academic or clinical performance, the student will be counseled and requested to limit the number of work hours. Each student retains the responsibility for maintaining satisfactory academic status.

If students are employed in an affiliated hospital, the student must work as a hospital employee, not as a student. The student must maintain student status on clinical time (i.e., the student may not perform employee duties when in clinical as a student.)

Students must NOT wear the school uniform or ACC DCVS name tag while working in any institution for wages. When working or volunteering, students must arrange for their own liability insurance. Students should not begin working as a sonographer until they have reached a level of competence that assures accurate diagnosis and patient safety. The timing of this may be different for each student. Generally, students could be ready for PRN work with supervision in their last semester of the program. The student and employer should understand that the student is NOT yet credentialed, should be supervised, and is NOT covered under ACC malpractice while at work. Students should not put their professional future at stake by taking a job too soon. When to begin working is at the discretion of the student and their employer.

**MALPRACTICE**

Students are required to purchase Malpractice student liability insurance when registering for each clinical course. Every Hospital is provided with a copy of the policy annually or upon request. The student should understand that this policy only covers them for professional negligence relating to performance of clinical duties as scheduled. It is not a medical or personal insurance policy. Students are only covered while at an affiliated clinical site during a scheduled clinical day or while performing duties on campus in the lab setting as a student. The Alvin Community College policy will not cover students while working for compensation or volunteering on their own time.

**OUTSIDE SCAN TIME**

Students are encouraged to gain scanning practice each semester. All scans must be supervised by ACC faculty. It is suggested to scan here at ACC while instructors are scheduled to be here to assist you, however, if you scan after hours when no faculty is present you may only scan a volunteer who has previously been scanned by faculty and has a documented backscan in Ultralinq. All students must sign in and out with campus police using their student ID to use the labs during open lab hours. Students MAY NOT sign in or out for fellow classmates. This will constitute forgery and result in immediate dismissal.
Students must sign in and out for themselves with campus police according to the lab use guidelines signed each semester.

**GRIEVANCE PROCEDURE**

Students who wish to challenge a course grade, or disciplinary action, must first discuss it with the instructor. If the student then chooses to pursue the challenge, he/she must present his/her appeal in writing to the Program Director then the Director of Allied Health. Further appeals will be directed through the appropriate Deans. If the issue has not been resolved the student will follow the current ACC guidelines as stated in the ACC catalog. The student has one (1) semester from the date of grade assignment to apply for a grade change unless the student documents emergency circumstances.

**GRADUATION REQUIREMENTS**

To be eligible for an **Associate in Applied Science Degree in DCVS or Advanced Technical Certificate in DCVS** from Alvin Community College, the student must:

1. have fulfilled all the course requirements of the Associate Degree curriculum or Advanced Technical Certificate as outlined in the College Catalog;
2. have completed the required number of credit hours at Alvin Community College;
3. have earned a grade point average (GPA) of at least 2.0 on work attempted at ACC and for transfer consideration, excluding developmental courses and orientation;
4. have resolved all financial obligations to the College and returned all materials, including library books;
5. have passed the competency examinations and both exit examinations (SPI and AE, PE, VT or EXIT exam and skills competency exam);
6. attend commencement exercises or obtain an excuse from the Program Director.

**COMPETENCY EXAMINATION**

Every student will be required to achieve a passing score on the program competency examinations in order to receive an Associate in Applied Science degree and/or an Advanced Technical Certificate in DCVS. These examinations will be given during the second-year of the program. A maximum of 2 (2) attempts will be offered to any one student. An absence from a scheduled attempt will result in the student forfeiting that attempt. If a student fails the examination 2 (2) times, he/she will be required to re-enroll in the last semester courses and repeat the final semester.

**Passing Scores:**
- U.S. Physics (pass SPI) 85%
- Adult Echocardiography (RDCS AE, RCS or EXIT) 85%
- Vascular Technology (RVT, RVS or EXIT) 85%
- Pediatric Echocardiography (RDCS PE, RCCS or EXIT) 85%
- Clinical Competencies 85%

**CLINICAL**

Please refer to the clinical manual for complete details regarding clinical guidelines.
Earning Your Credential prior to graduation!
You must personally review the ARDMS and CCI websites for current information.

SPI EXAM - As a student of an accredited program you are eligible to sit for the physics portion of your ARDMS registry credentialing examination (SPI) as soon as the US physics course is completed at the end of the spring semester. All students are required to attempt and pass the SPI exam by the end of the summer semester.

It is strongly encouraged that all students sit for the SPI exam while the information is fresh on your mind either that following summer or fall. It has been proven time and again that students who wait to take the physics test are more likely to fail and those who take it right away are more likely to pass. Therefore, to encourage students in the program to take and pass the SPI exam ASAP, the ACC DCVS program will offer each student a $100.00 scholarship when the SPI exam in taken and passed PRIOR to the end of the summer semester AND provide the program with a copy of both pages of the score report. This reimbursement scholarship is on a first come first serve basis while funds last. Funds for this program come from volunteer donations and ACC Symposia so it is vitally important that you remind volunteers that we accept donations to help provide student scholarships.

We are unable to provide funds for failing SPI attempts and or if it is taken after graduation, however, we still need the score reports.

Go to www.ardms.org to create a new user registration and get your login information and ARDMS number. When the time comes you will complete the online application and provide them with the documentation they require. LOOK it up. It changes often so I am not going to write it here and don’t listen to what anyone else tells you. You MUST go to the website to apply on-line and follow their current recommendations. MAKE SURE YOU USE THE NAME AS IT APPEARS ON TWO OFFICIAL FORMS OF ID!! You could lose your money if you don’t! Be sure to apply for the physics ONLY part of the test. You will not use Pre-requisite #2 to take the physics test. You do not need a letter from the program director to take the physics test. All you need is your transcript as of now. Currently, the cost for this exam is $200 and the college will reimburse you $100 when you pass and give us a copy of both pages

SPECIALTY EXAM – As a student of an accredited program you are eligible to take your specialty portion of your ARDMS and CCI registry exams in the last semester PRIOR to graduation. This way you will enter the workforce as a registered sonographer. You will be more likely to pass if you take it sooner, be more marketable and you will command a higher pay rate as a result. Therefore, all students are required to take and pass their specialty exam PRIOR to graduation OR pass the clinical final exam with an 85% or better so as an incentive to take the specialty exam PRIOR to graduation the ACC DCVS program will offer each student a $100.00 scholarship when the AE, PE, FE or VT exam is taken and passed PRIOR to graduation. ARMDS or CCI are both acceptable. A check for $100 will be provided to those students who pass the exam AND provide the program with a copy of both pages of the score report. This reimbursement scholarship is on a first come first serve basis while funds last. Funds for this program come from volunteer donations so it is vitally important that you remind volunteers that we accept donations to help provide student scholarships.

We are unable to provide funds for failing attempts and or if it is taken after graduation but we still need both pages of the score reports.

You will register for the actual ARDMS or CCI specialty exam 60 days prior to graduation and take the specialty test prior to graduation (March – April). This way, you can enter the workforce as a registered sonographer.
ARDMS - I will enter you into the system in February. Then you can go to www.ARDMS.org and register for the test in March. Follow all ARDMS instructions. Be sure to use the correct name as it appears on your two forms of official ID when applying.

ARDMS COSTS $250.00 for the specialty Exam. If you take and pass these tests prior to graduation we will reimburse you $100 if you give us a copy of both pages of your score report.

CCI - Apply to take the CCI exam 2 months prior to graduation at www.cci-online.org. Follow their current instructions and provide the documentation they require. Try to schedule your exam as soon as you get permission to take it. We will reimburse you $100 if you pass and provide us with a copy of the score report PRIOR to graduation. Remember if you take CCI it includes both physics and specialty content so you need to remember to study for the physics part as well.

CCI COSTS $400.00 cost of CCI exam.

EXIT EXAM
IF you FAIL your specialty examination – you are REQUIRED to pass the clinical final exam with a score of 85% or better in last clinical course prior to graduation to demonstrate cognitive competency.

As an added incentive and reward for those who pass the specialty exam prior to graduation, if that score is higher than the clinical final EXIT exam grade we will replace it with the higher grade which can boost your clinical average and overall GPA.

Exam Prep

SPI Exam Simulation may be ordered from Pegasus Lectures Inc. The physics exam simulation is great for those who think they may have problems passing the exam, with computer based exams, or need help troubleshooting areas of weakness so plan to order the disk by the end of April. There are also specialty exam simulations available online and review courses that may be beneficial. Speak to your program director or instructor if these items are needed.

PEDI ECHO STUDENTS
The pedi echo registry from ARDMS is no longer offered on demand (any time). They only have windowed administration which means that there is a limited time the exam is available and you have to wait for 2 months after you take the test to find out if you have passed. Due to the dates allowed for administration and score reporting, we no longer recommend that you take the ARDMS exam until after you take the CCI exam due to the delay in getting your credential. You would not get a credential until sometime in NOVEMBER. This could have an adverse effect on your potential employment. For this reason we recommend that all pedi echo students take the CCI registry exam. Once you pass the CCI registry and earn your RCCS credential you can always go back and get the ARDMS credentials (PE and FE) when that test is offered later in the year. You have 5 years from the date of your SPI exam to pass the PE or FE to earn your ARDMS credential or you must re-take the physics part. Therefore, you must take and pass the SPI exam like all the other AE and VT students AND take and pass your RCCS exam prior to graduation or pass your clinical final EXIT exam with an 85% or higher.

FOR ARDMS or CCI reimbursement – we MUST have both pages of your final score report AND take them PRIOR to graduation in order to give you a check. Thanks and good luck!!
ADVANCED STANDING

1. Advanced standing applies to those DCVS personnel who are licensed and have not completed the certificate or the associate degree program.
2. DCVS professional with at least two (2) years full-time experience in the field will have the opportunity to challenge DCVS courses.
3. These courses must be challenged in sequence unless permission is otherwise granted by the program director.
4. Not all DCVS courses may be challenged. For each credit hour granted by examination, credit for advanced standing may be obtained as follows:

A. Academic courses:
   Advanced standing for the following courses may be obtained by CLEP or other ACC approved challenge procedures.

   1. English 1301 (Composition and Rhetoric)
   2. Biology 2401 (Anatomy and Physiology I)
   3. Biology 2402 (Anatomy and Physiology II)
   4. Physics
   5. College Algebra or MATH Core course

B. DCVS Courses:
   Advanced standing for a course in which both the lecture and laboratory are taught on campus may be obtained by passing the written comprehensive challenge examination(s) with a minimum score of 85% and by passing the laboratory practical examination(s) with a minimum score of 85% if applicable.

HEALTH AND ILLNESS

Students are responsible for their own health and the expense of health care. It is recommended that health and accident insurance be carried. Students should provide the DCVS office with a copy of their health insurance card at the time of admission and update upon change or renewal.

A physical examination is to be completed by the student’s physician after acceptance into the DCVS Program. Sophomore students will be required to update their TB test or CXR annually.

Students with potentially communicable conditions, i.e., upper respiratory diseases, GI upsets, infected wound(s), etc., should notify their clinical instructor prior to patient assignment for possible infection control issues that may result in the student being asked to leave for the day resulting in a clinical, class, or lab absence.

Any student who has contracted a communicable disease, suffered any illness or injury, or has required hospitalization must present a signed physician’s release upon return to classes and clinical assignments.
Students who become pregnant during the course of their DCVS program, should discuss their plans for completion of the program with the Director. They must also present a statement from their physician indicating their ability to perform the physical activities required in the DCVS program. The estimated date of delivery should be included and if the student will be allowed to continue with class, lab and clinical during pregnancy and upon delivery we will require an updated note stating ability to return to active duty in the program.

**EMERGENCY HEALTH CARE**

Students will be provided with emergency care at the clinical affiliate to which they are assigned. This care is provided in accordance with the Agreement between Alvin Community College and the clinical affiliate. The student will be charged for this care and for any follow-up care that may be required. It is highly recommended (and in most clinical sites – REQUIRED) that all students carry personal health insurance. Many of our clinical sites now require proof of current health insurance coverage.
SCHOLARSHIP AND FINANCIAL AID

GUIDELINES FOR INSTITUTIONAL SCHOLARSHIPS

I. Purpose – Institutional scholarships and grants are awarded in order to recruit students. Additionally, scholarships are used to retain students who demonstrate academic excellence. The requirements and procedures for awarding and renewing institutional scholarships and grants are explained below.

Institutional scholarship and grant stipends may be used for books, supplies, tuition, and fees and must not exceed $700 per semester per student. For institutional Scholarship purposes, a stipend of $700 is defined as a full scholarship.

II. Definitions

Academic excellence:
1. First-time in college freshman: Academic excellence for first-time in college students will be determined from the high school transcript if applicable. Excellence is met if the student has achieved a cumulative GPA of 3.0 on a 4.0 system of equivalent.

2. College students: Academic excellence is met if the student has earned a cumulative GPA of B or better (3.0 on a 4.0 system or equivalent). Cumulative GPA calculations will be based on all attempted college level course work, including transfer courses, if applicable. For scholarship consideration cumulative GPA calculations will include developmental courses. Special circumstances should refer to the Scholarship Committee for determination of academic excellence.

3. Home schooled students: Students entering ACC from Home School environments will have their qualifications assessed by the ACC Counseling Center. They must achieve an equivalent of 3.0 on a 4.0 system or equivalent.

Competitive – Some form of competition based on academics or performance as listed under the departmental requirements for scholarships. All Institutional Scholarships are considered competitive for the purpose of tuition adjustments and/or fee waivers.

Non-academic – Scholarship based on talent in a particular area rather than on grades, including athletics, music, drama, speech, and department contests.

Minimum Requirements

A. Scholarships will be awarded to students who have demonstrated academic or performance excellence.
B. All institutional scholarships are open to foreign students, non-residents, and Texas residents.
C. ACC Institutional Scholarships do not discriminate on the basis of sex, race, color, age, handicap, national origin, or place of residence.
D. Student must be enrolled for twelve (12) hours-per-semester, except where noted below.
E. Student must file an associate degree plan of certificate program.
F. In addition to these requirements, the student must meet specific departmental requirements as listed in Appendix A.

G. A student’s financial need is not a factor in determining eligibility for an institutional scholarship.

H. For scholarships awarded for more than one semester, students will be eligible to continue on scholarship at ACC, after their first semester if they maintain a cumulative GPA of 3.0 or better and complete twelve (12) semester hours during the previous semester, with no grade lower than C, except where noted.

I. Exceptions
   1. Part-time students
      a. must enroll for at least six (6) hours-per-semester.
      b. institutional scholarships awarded to part-time students will be prorated based on a full-time enrollment of twelve (12) hours and full-time stipend of $500. A part-time student may not receive more than the prorated share of the full amount.
   2. Non-academic scholarships – are awards based on performance in specific activities including and limited to: athletics, music, speech, and drama.
      a. Students who are to remain on non-academic scholarship after their first semester must earn at least twelve (12) semester hours with a semester GPA of 2.0 or better during the previous semester.
      b. Students must maintain a cumulative GPA of 2.0 or better.
   3. Summer scholarships
      a. A full-time summer scholarship will be considered as 9-hours and $200. Summer scholarships can be prorated for part-time attendance.
      b. Cumulative and semester GPA’s must meet the minimum requirements for the equivalent scholarships for long semesters.
      c. Students must satisfy departmental requirements regarding major, registrations in special classes, etc. as outlined in the departmental scholarship guidelines.
   4. Special Program Scholarships – The specific minimum requirements for each special program scholarship are listed in Appendix B.

For additional scholarship information – see the Financial Aid Department. Students must fill out the FASFA in order to be considered for financial aid and some scholarships.
ALVIN COMMUNITY COLLEGE  
DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY SCHOLARSHIP  
DEADLINE October 15<sup>th</sup> each year

1. As ACC Institutional funds are made available, scholarship(s) will be awarded to full and/or part-time Diagnostic Cardiovascular Sonography students who meet the diagnostic cardiovascular sonography scholarship requirements. The funds will be awarded for the spring semester to be used to cover the costs of tuition, books, and supplies not to exceed $750.00 per semester. One scholarship will be awarded for each program: Vascular, Pedi Echo, and Adult Echo.

2. Students must apply through the Diagnostic Cardiovascular Sonography Director.

3. A full-time or part-time student will be eligible to apply when he/she:
   - Has completed at least twelve (12) semester hours in the Diagnostic Cardiovascular Sonography Program including pre-requisites.
   - Has a grade point average of 3.0 and no grade lower than a C on transcripts.
   - Is currently passing in all courses.
   - Has maintained average or above average program and clinical evaluations.

5. Students may not be on probation or have disciplinary reprimands in their file.

6. Recipient(s) of the scholarship(s) for this department will be selected by the DCVS Scholarship Committee which does not include any of the DCVS faculty. This committee selects the recipient(s) based on the following additional criteria:
   - Any student who is receiving VA benefits will not be eligible for this scholarship.
   - Any student who is receiving any other major scholarship or funding will not be eligible for this scholarship.
   - Any student who actively participates in extracurricular activities on campus and/or in the community will be selected over those who do not participate.
   - Student essay and reference letters are considered.
   - GPA in the DCVS courses
   - If these grades do not discriminate between the applicants, then the overall GPA will be evaluated.
   - A student’s financial need should not be the only factor in determining the recipient(s).

This is to certify that I have read and understand these guidelines.

_________________________________________________________
Student

_________________________________________________________
DCVS Faculty

_________________________________________________________
Chairperson, DCVS Scholarship Committee
DATE ______________________

DIRECTIONS: This application must be filled out completely and accurately. PRINT or TYPE all information called for on this form. Applications are to be submitted to a Diagnostic Cardiovascular Sonography Director. A complete transcript is a part of this application.

I. PERSONAL INFORMATION

Name ______________________________________
Last First Middle

Social Security # ________________________________

Are you a U.S. Citizen? Yes _____ No _____

Are you a Texas Resident? Yes _____ No _____

Present Mailing Address __________________________________________

Home or Permanent Address _________________________________________

                                                  Street

                                                  City/County/State/Zip

II. EDUCATIONAL RECORD

Date you enrolled at ACC ________________________________

Expected Graduation Date ________________ Course of Study _____________

What is current over-all college Grade Point Average (GPA)? ________________

Name of School or College (Beginning with HS) Address Years of Attendance Degree/ Diploma

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
III.  **FINANCIAL ASSISTANCE**

Are you receiving VA benefits?  
Yes ____  No ____

Are you receiving another scholarship?  
Yes ____  No ____

If Yes, which one?  

IV.  **ACTIVITIES - SPECIAL RECOGNITIONS**

List chronologically, beginning with high school, activities through which you gained special recognition; such as publications, club work, student government, athletics, honor society, community service, etc.

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<th>Activity</th>
<th>Office(s) Held (if any)</th>
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Please submit the follow documents which may add to or substantiate information given in this application.

_____Print out of unofficial transcript

_____Essay including reason for choose Sonography as a profession, additional statements or description of need and details of community service.

_____Letters of recommendation

11-11-16
1. As ACC foundation funds are made available, scholarship(s) may be awarded to full and/or part-time students who plan to enroll in the Diagnostic Cardiovascular Sonography Program who are working on completing the academic and pre-requisite courses required for the DCVS program. Students must meet cardiovascular sonography scholarship requirements as listed below. The funds will be awarded for the fall or spring semesters to be used to cover the costs of tuition and fees and or books and supplies purchased in the ACC College store. The minimum amount of this award will be $300.

2. This scholarship was found in honor and memory of Eutiquio “Tico” Perez who was the father of Donna Lewis, former ACC DCVS Clinical Director. Tico passed away due to complications from an Abdominal Aortic Aneurysm. This scholarship was created to raise awareness of cardiovascular disease and to assist in the educational needs of future Sonographers who are trained to detect these types of conditions. The funds for this award come from donations made by the friends and family of Mr. Perez. Anyone is welcome to contribute to this fund. Donations to this scholarship may be made to the ACC Foundation with DCVS “Tico Perez” Scholarship in the memo. Mail checks or money orders to ACC Foundation 3110 Mustang Rd. Alvin, TX 77511

3. A full-time or part-time student will be eligible to apply when he/she has enrolled in OR completed at least eight (8) semester hours of pre-requisite or general academic courses to be applied to the Diagnostic Cardiovascular Sonography Program, which must also include at least 1 of the following courses: DMSO 1210 Introduction to Sonography and/or DSAE 2303 Cardiovascular Concepts.

4. Minimum (GPA) grade point average of 3.0 (B) or better in all courses.

5. Recipient(s) of this scholarship(s) will be selected by the DCVS Scholarship Committee which includes DCVS faculty. This committee selects the recipient(s) based on the following additional criteria:

A. Any student who is currently receiving any other major scholarship (in excess of $3000) will not be eligible for this scholarship.
B. Any student who actively participates in any extracurricular activities on campus and/or in the community will be selected over those who do not participate.
C. A minimum 2 page essay is required and should include the following:
   1. Reason for need
   2. Why the student is deserving of the scholarship
   3. Description of extracurricular activities and community service
   4. Why the student is choosing Diagnostic Cardiovascular Sonography as their career choice.
D. GPA in all courses is considered including DCVS core courses and pre-requisite courses when determining the recipient(s).
E. Applicants must have taken or be enrolled in either DSAE 2303 OR DMSO 1210 to be eligible.
F. 1 letter of reference from a recent teacher or professor.
ALVIN COMMUNITY COLLEGE
DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY
Eutiquio “Tico Perez” SCHOLARSHIP APPLICATION

DATE ______________________________

DIRECTIONS: This application must be filled out completely and accurately. PRINT or TYPE all
information called for on this form. Applications are to be submitted to the DCVS
Program Director in S108D.

Documents Required: Scholarship application, complete academic transcripts with proof of DSAE 2303
OR DMSO 1210, Essay, Documentation of community service and extracurricular
activities, 1 letter of reference.

I. PERSONAL INFORMATION

Name __________________________________________

Last First Middle

Student ID # ________________________________

Are you a U.S. Citizen? Yes _____ No _____

Are you a Texas Resident? Yes _____ No _____

Present Mailing Address __________________________________________

Home or Permanent Address __________________________________________

Street

City/County/State/Zip

II. EDUCATIONAL RECORD

Date you plan to apply for the DCVS program ____________________________

Expected Graduation Date ____________________________

What is current over-all college Grade Point Average (GPA)? ________________

Name of School or College
(Beginning with HS) Years of Degree/
Attendance Diploma/Courses
________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

60
III.    **FINANCIAL ASSISTANCE**

Are you receiving another scholarship? Yes _____ No _____   $ __________
If Yes, which one? __________________________________________________________________________

IV.    **ACTIVITIES - SPECIAL RECOGNITIONS**

List chronologically, beginning with high school, activities through which you gained special recognition; such as publications, club work, student government, athletics, honor society, volunteer work, etc. If you have a community service or activity log you may attach it instead.

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A transcript of all previous college work must be attached or submitted if the applicant is transferring from high school (dual credit) or another college or program. Attach additional statements or letters of recommendation which may add to or substantiate information given in this application.

V. This is to certify that I have read and understand these guidelines.

________________________________________
Student Sign and Date

________________________________________
Chairperson, DCVS Scholarship Committee

10-27-15
DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY

PROFESSIONAL ETHICS AND PATIENT’S RIGHTS

For Sonography specific Ethics and Professional Standards go to

www.sdms.org
THE ROLE OF A STUDENT IN THE DCVS PROGRAM

A new phase of life begins for you, the student, as you embark on your new profession in a working department. Your life is now filled with new responsibilities, upsets and disappointments, and numerous kinds of experiences. You are now becoming part of a team of professional people striving and working for the betterment of the health of a nation. You have chosen this career as a life’s work and now you are working toward a cherished goal. This goal could be your Registry, a specific place in the department, or perhaps you may just be seeking your own personal satisfaction gained from the knowledge that you have helped someone regain his or her health. Whatever your goals or reasons for this new profession, you now have certain new personality and attitude requirements as well as responsibilities and obligations toward the rest of the team.

To be a student in DCVS, eligible candidates wishing to enter this field must be brought forward from the general public and carefully interviewed. The candidate must be academically qualified, have an aptitude for the hospital environment, and have a realistic outlook on life in general. The student then spends 24-months at an educational institution receiving instructive lectures and laboratory sessions regarding the theories behind fundamental aspects used in the field, along with clinical instruction where the student receives practical experience under supervision. Therefore, during this time you, the student, are constantly learning.

In a working area, or in this case, the DCVS Department, you are part of a working team, whose fundamental aim, according to the Code of Ethics, is to provide diagnostic patient care services utilizing ultrasound and related diagnostic procedures. You, therefore, must have a genuine interest in people and their welfare, and must also have the ability to work in harmony with members of the medical staff and other hospital personnel. According to the Code of Ethics of the SDMS, you have the responsibilities to yourself, your associates within the department, the patient, the physician, the society, and public in general.

Since youth, you have been taught the basic fundamentals of personal hygiene; a hospital has always been known as a clean, shining institution and now you are part of it, so here appears your first and a very major responsibility. Personal cleanliness is most expedient when working with other people, as well as for one’s own personal welfare. You have a personal obligation to be neat, clean and pleasant to be near. As a student, you are being closely observed by each and everyone around you. You are expected to be a professional, efficient and mature individual and good personal hygiene is a good way to start.

Your first and closest associates will be your classmates. To achieve beneficial results, the class should stick together. Keep your relationship on an equal basis; help each other in discussion and in the solution of problems, as well as encouragement when needed. Do not allow jealousy or prejudice to interfere with your work or your attitude toward others. Do not whine and complain to your fellow classmates, as this only brings the whole group down. Try to stay suppertime of each other and treat each other with respect. Your progress should be unanimous as a class, so take pride in it. Always try to be improving yourself, but not at the expense of your classmates! To keep a closely knit class, everyone has to work together in striving for their goals. Unity is strength!

You, as a student, have a certain responsibility to your fellow colleagues. During your training period you will be working with them, sharing experiences and frustrations, but also learning and gaining confidence from them. You owe them respect for their advanced and experienced knowledge of the profession and their acclaimed place in the department. Within a small, but extensive world of hospital living and working, you will need to adjust to dealing closely with a large and varied number of people. You will need to learn cooperation and professional ethics and conduct. Also, through this generated interest, the student motivates other members of the staff to take an even greater interest in the department, their roles as members of a team in the hospital. Each individual student must “fit” into CVS, and you should like to be with the CVS’s as a group, and be able to share interests with them.

What should be the professional relationship between the student and the senior workers? The seniors are people hard at work perfecting themselves in their profession. They have learned the preliminary work and are now busy pointing the edges and becoming more proficient. While working with the seniors, they will often explain certain procedures to you. You must be in a position to accept the explanation, ask questions, and display a respectful attitude toward these people.

The supervisors of your department, as well as the doctors and nurses, have a great amount of prestige in the hospital, and its achievements, therefore, they expect to be treated with respect and courtesy. You will have many occasions to work with the personnel of other departments. Your association with them represent not only you, but your department, and this reflection should be positive. Therefore, it is your responsibility to relay a professional and friendly relationship. Do your work to the best of your ability with accuracy and speed, and respect for whom it may concern.

You perform DCVS only under the physician’s orders, and because the patient is the legal and professional responsibility of the physician, you must be very conscientious and alert at all times when offering your services. At the same time, you should try to
understand your patients as well as possible by demonstrating patience and kindness. Above all, you should be loyal to your profession.

Because you are exposed to a wide range of practical experience, under supervision, you are also responsible to carry out the daily routine of a DCVS, such as paper work, maintenance, diagnostics, and public relations.

The equipment employed in diagnosing various patient conditions is extremely technical, therefore, you must know how to maintain and adjust the numerous and various machines to ensure proper function and results. You must thus relate your theoretical knowledge and practical application of technical operation of the equipment.

As a student, you now have to learn how to handle the patients and treat them with sincere friendliness enabling you to put them at ease by winning their confidence and making them feel secure in the unfamiliar hospital environment. They need reassurance, understanding, and thoughtfulness. As a patient, they feel apprehensive, tense and fearful. Your prime concern is the patient and if this idea is conveyed to him/her with sincerity, you will receive his/her trust in you, and this is a major step toward their recovery. As a student, this can be very rewarding to you to know you are obtaining confidence and trust from these sometimes helpless and confused people. As you progress in your training, the ease of handling these patients will come more quickly and soon confidence will be felt by you, the student, as you enter a room to meet a new patient. Approach your patients with a friendly smile and kind words of greeting. These people feel they are defenseless and helpless in their beds, and therefore, they are quick to judge and form impressions of you as a professional. They have to reassure themselves that they are in trustworthy and efficient hands. After all, it is their life that is at stake. Always keep in mind to patient’s feelings and, as a devoted professional, try to help and understand them.

Under supervision, you perform DCVS according to specific orders from the attending physician and hospital protocol. To do this, you must understand the physical and psychological needs of the individual patient, regardless of the religious, ethical, and economic status. You must also understand the doctor’s goal in the diagnostic exam for the patient, and how to accomplish this goal with your knowledge, clinical technique, and various equipment offered. You, the student, are thus responsible for performing the procedure prescribed as efficiently and effectively as possible.

While treating the patients, you are responsible for instructing the patient about the procedure. If necessary, you must instruct the members of the patient’s family about the procedure.

Within the department itself, the students are expected to follow rules, regulations and instructions from their seniors. Certain standards are set in every department and the students are partly responsible to be sure these standards aren’t lowered because of them or their work. You must maintain an attitude of determination and devotion to your profession in order to become a successful DCVS Sonographer.

DCVS practitioners are not born. They are made. As a student you must realize, of course, that you have a long way to go and much to learn. Do not forget the position you are in when you are working with other members of the department. No one likes a smart aleck or show off who thinks he/she know everything and can do things better than others. Also, it is important to do your share of the work and go the extra mile. When assigned to duties, be sure they are carried out by you. Do not pass them off to someone else in the department and shirk from your responsibility. You are all working together for the benefit of the patient and it is essential to carry out these duties efficiently and in a conscientious manner.

The students are also expected to keep up with their studies, along with their hospital work. Diligent work will help develop you to the best of your ability. You will learn to balance your academic studies with your scan practice. You will have to integrate the book knowledge and learn to apply it to what you see on the monitor and how you should respond to pathology. You will get out of your work no more than you, yourself, contribute. Take a keen interest and pride in the value of your work and what it represents. It is your personal responsibility not only to maintain but also encourage the growth of your profession. After all, if you do not believe in your work, who will?

As a student, you must be able to receive and accept criticism. It is only given to you as beneficial advice in order to help you understand a situation or procedure. Constructive criticism can be a very valuable asset if it is received as a means to broaden and increase your knowledge. The educational process is ever-changing as technology advances and as changes are made at the clinical sites. As a result, students should be open to new assignments and new challenges. You are the one who benefits!
In conclusion, the student’s position in a working department is one of responsibilities, respectful attitude, pleasing personality and personal confidence. Throughout your training, you are being constantly observed for your attitudes and professional appearance. Now, as a student, you have the opportunity to become the kind of professional you want to be.

Revised from:

Students of Royal Alexandra Hospital
  Miss E. Dembicki
  Mr. R. Prassad
  Miss L. Stocker
A PATIENT’S BILL OF RIGHTS

The patient has the right to considerate and respectful care.

The patient has the right to obtain from his physician complete current information concerning his diagnosis treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his behalf. He has the right to know, by name, the physician responsible for coordinating his care.

The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedures and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medical significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.

The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his action.

The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in this care must have the permission of the patient to be present.

The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.

The patient has the right to expect that, within its capacity, a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he has received complete information and explanation concerning the need for an alternative to such a transfer. The institution to which the patient is to be transferred must first accepted the patient for transfer.

The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individual, by name, which are treating him.

The patient has the right to be advised if the hospital proposed to engage in, or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.

The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician, or a delegate of the physician, of the patients continuing health care requirements following discharge.

The patient has the right to examine and receive an explanation of his bill regardless of source of payment.

The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

(Adopted by American Hospital Assoc., Nov. 1972)
ADA and TECHNICAL STANDARDS

SPECIAL ATTRIBUTES OF THE DIAGNOSTIC CARDIOVASCULAR SONOGRAPHER

**Overall Attributes**
Sonographers must be caring, compassionate and confident. Sonographers are committed to the well-being of their patients.

**Physical Requirements**
Sonographers must have excellent vision, hearing and manual dexterity in order to see the machine controls in dimly lit rooms, listen and distinguish Doppler signals, and manipulate probes and handheld equipment in various ways.

They should be physically fit enough to move heavy ultrasound systems for portable exams; move, lift, transfer and transport patients in wheelchairs on stretchers and hospital beds.

Sonographers should use good body mechanics because we often must hold the probe in awkward positions for prolonged periods of time.

**Mental Requirements**
Cardiovascular sonographers must be able to think critically, analyze data, make decisions, work independently with little supervision, and communicate effectively with patients and other health care members. Have excellent organizational skills in order to prioritize and complete heavy workloads and be able to carry themselves as a professional. Computer skills are a must because all ultrasound systems are computer-based. Sonographers must read, write, and speak English fluently to be able to communicate effectively, write technical reports, and read charts and other medically-related documentation.

Sonographers must be able to fulfill the essential job functions with minimal accommodation.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Standards</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical thinking</td>
<td>Critical thinking ability for effective clinical reasoning and clinical judgment consistent with level of educational preparation</td>
<td>• Identification of cause/ effect relationships in clinical situations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use of the scientific method in the development of patient care plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evaluation of the effectiveness of medical interventions</td>
</tr>
<tr>
<td>Professional Relationships</td>
<td>Interpersonal skills sufficient for professional interactions with a diverse population of individuals, families and groups</td>
<td>• Establishment of rapport with patients/clients and colleagues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Capacity to engage in successful conflict resolution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Peer accountability</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication adeptness sufficient for verbal and written professional interactions</td>
<td>• Explanation of diagnostic and treatment procedures, initiation of health teaching.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Documentation and interpretation of diagnostic examinations, patient/ client responses</td>
</tr>
</tbody>
</table>
| Mobility          | Physical abilities sufficient for movement from room to room and in small spaces | • Movement about patient's room, work spaces and treatment areas  
• Administration of rescue procedures-cardiopulmonary resuscitation |
|------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------|

| Requirements     | Standards                                                                       | Examples                                                                                   |
|------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------|
| Motor skills     | Gross and fine motor abilities sufficient for providing safe, effective care    | • Calibration and use of equipment  
• Positioning of patients                                             |
| Hearing          | Auditory ability sufficient for monitoring and assessing health needs           | • Ability to hear monitoring device alarm and other emergency signals  
• Ability to discern auscultatory sounds and cries for help  
• Ability to discern Doppler shift                                  |
| Visual           | Visual ability sufficient for observation and assessment necessary in patient care | • Ability to observe patient's condition and responses to diagnostics  
• Ability to read and interpret monitors and dials  
• Ability to see fine detail and make small measurements.  
• Ability to distinguish color                                       |
| Tactile Sense    | Tactile ability sufficient for physical assessment                              | • Ability to palpitate in physical examinations and various interventions  
• Ability to reach and manipulate controls on instrumentation         |

References

JOB TITLE

■ Diagnostic Medical Sonographer

JOB DESCRIPTION

■ A Diagnostic Medical Sonographer is a Diagnostic Ultrasound Professional that is qualified by professional credentialing and academic and clinical experience to provide diagnostic patient care services using ultrasound and related diagnostic procedures. The scope of practice of the Diagnostic Medical Sonographer includes those procedures, acts and processes permitted by law, for which the individual has received education and clinical experience, has demonstrated competency, and has completed the appropriate ARDMS certification(s) which is the standard of practice in ultrasound.

ORGANIZATIONAL REPORTING RELATIONSHIP

■ Administrative Supervisor: Chief Sonographer *
■ Medical Supervisor: Attending or Supervising Physician *

* As defined by institution.

JOB SUMMARY

■ The Diagnostic Medical Sonographer is responsible for the independent operation of sonographic equipment, and for performing and communicating results of diagnostic examinations using sonography.

■ The Diagnostic Medical Sonographer is responsible for daily operations of the sonographic laboratory, patient schedule, equipment maintenance, the report of equipment failures, and quality assessment (QA). The sonographer maintains a high standard of medical ethics at all times and is self-motivated to increase level of understanding and knowledge of the field, disease, and new procedures as they evolve.

ESSENTIAL FUNCTIONS

■ Performs clinical assessment and diagnostic sonography examinations.

■ Uses cognitive sonographic skills to identify, record, and adapt procedures as appropriate to anatomical, pathological, diagnostic information and images.

■ Uses independent judgment during the sonographic exam to accurately differentiate between normal and pathologic findings.

■ Analyses sonograms, synthesizes sonographic information and medical history, and communicates findings to the appropriate physician.

■ Coordinates work schedule with Departmental Director and/or scheduling desk to assure workload coverage.

■ Assumes responsibility for the safety, mental and physical comfort of patients while they are in the sonographer's care.

■ Assists with the daily operations of the sonographic laboratory.

■ Maintains a daily log of patients seen / completes exam billing forms.

■ Maintains ultrasound equipment and work area, and maintains adequate supplies.

■ Participates in the maintenance of laboratory accreditation.

■ Establishes and maintains ethical working relationships and good rapport with all interrelating hospitals, referral or commercial agencies.

■ Performs other work-related duties as assigned.
EXAMPLES OF DUTIES & RESPONSIBILITIES

- Performs all requested sonographic examinations as ordered by the attending physician.
- Prepares preliminary reports and contacts referring physicians when required, according to established procedures.
- Coordinates with other staff to assure appropriate patient care is provided.
- Addresses problems of patient care as they arise and makes decisions to appropriately resolve the problems.
- Organizes daily work schedule and performs related clerical duties as required.
- Assumes responsibility for the safety and well-being of all patients in the sonographic area/department.
- Reports equipment failures to the appropriate supervisor or staff member.
- Provides in-service education team on requirements of sonographic procedures as requested by other members of the health care team.
- Performs other related duties as assigned.

QUALIFICATIONS

Education
- Graduate of a formal Diagnostic Medical Sonography Program or Cardiovascular Technology Program that is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) is required.
- Bachelor of Science degree in Diagnostic Medical Sonography is desirable.

Required Licenses/Certifications
- Active certification by American Registry of Diagnostic Medical Sonographers (ARDMS) in the specialty(ies) as appropriate.
- Current compliance with Continuing Medical Education (CME) requirements for specialty(ies) as appropriate.

Experience
- As defined by institution.

Demonstration of Skills and Abilities
- Ability to effectively operate sonographic equipment.
- Ability to evaluate sonograms in order to acquire appropriate diagnostic information.
- Ability to integrate diagnostic sonograms, laboratory results, patient history and medical records, and adapt sonographic examination as necessary.
- Ability to use independent judgment to acquire the optimum diagnostic sonographic information in each examination performed.
- Ability to evaluate, synthesize and communicate diagnostic information to the attending physician.
- Ability to communicate effectively with the patient and the health care team, recognizing the special nature of sonographic examinations and patient’s needs.
- Ability to establish and maintain effective working relationships with the public and health care team.
- Ability to follow established departmental procedures.
- Ability to work efficiently and cope with emergency situations.

PHYSICAL REQUIREMENTS

The employee must be physically capable of carrying out all assigned duties: Emotional and physical health sufficient to meet the demands of the position.
- Strength sufficient to: lift some patients, move heavy equipment on wheels (up to approximately 500 lbs), and to move patients in wheelchairs and stretchers.
- Ability to maintain prolonged arm positions necessary for scanning.

RISK OF EXPOSURE TO BLOOD BORNE PATHOGENS

- Category I – Tasks involve exposure to blood, body fluids, or tissues.
### TECHNICAL STANDARDS for DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY

**General Job Description:** A Diagnostic Medical Sonographer is a Diagnostic Ultrasound Professional that is qualified by professional credentialing and academic and clinical experience to provide diagnostic patient care services using ultrasound and related diagnostic procedures. The scope of practice of the Diagnostic Medical Sonographer includes those procedures, acts and processes permitted by law, for which the individual has received education and clinical experience, has demonstrated competency, and has completed the appropriate ARDMS or CCI certification(s) which is the standard of practice in ultrasound.

<table>
<thead>
<tr>
<th>PHYSICAL STANDARDS</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIFT:</strong> up to 50 pounds to assist moving patients</td>
<td>F</td>
</tr>
<tr>
<td><strong>STOOP:</strong> to adjust equipment</td>
<td>F</td>
</tr>
<tr>
<td><strong>KNEEL:</strong> to perform CPR</td>
<td>O</td>
</tr>
<tr>
<td><strong>CROUCH:</strong> to locate and plug in electrical equipment</td>
<td>F</td>
</tr>
<tr>
<td><strong>REACH:</strong> to manipulate diagnostic equipment</td>
<td>C</td>
</tr>
<tr>
<td><strong>HANDLE:</strong> small and large equipment, transducers, US system</td>
<td>C</td>
</tr>
<tr>
<td><strong>GRASP:</strong> Transducers, cables, PPE</td>
<td>C</td>
</tr>
<tr>
<td><strong>SIT:</strong> Sit to scan patients or complete documentation</td>
<td>F</td>
</tr>
<tr>
<td><strong>STAND:</strong> for prolonged periods of time (may scan standing or sitting)</td>
<td>F</td>
</tr>
<tr>
<td><strong>FEEL:</strong> to palpate pulses, skin temperature, assess patient</td>
<td>C</td>
</tr>
<tr>
<td><strong>PUSH/PULL:</strong> large, wheeled equipment e.g. 500+ lbs. US System, stretchers, wheelchairs, position bariatric patients</td>
<td>C</td>
</tr>
<tr>
<td><strong>WALK:</strong> for extended periods of time to all areas of a hospital to pick up patients and do portables</td>
<td>F</td>
</tr>
<tr>
<td><strong>MANIPULATE:</strong> knobs, dials associated with diagnostic devices</td>
<td>C</td>
</tr>
<tr>
<td><strong>HEAR:</strong> verbal direction, patient, peer communication</td>
<td>C</td>
</tr>
<tr>
<td><strong>HEAR:</strong> Doppler signals</td>
<td>C</td>
</tr>
<tr>
<td><strong>HEAR:</strong> alarms</td>
<td>C</td>
</tr>
<tr>
<td><strong>HEAR:</strong> through a stethoscope for BP, bruits or heart sounds</td>
<td>C</td>
</tr>
<tr>
<td><strong>SEE:</strong> patient conditions per assessment</td>
<td>C</td>
</tr>
<tr>
<td><strong>SEE:</strong> black and white and color, US display, small details</td>
<td>C</td>
</tr>
<tr>
<td><strong>SEE:</strong> while working in dimly lit rooms</td>
<td>C</td>
</tr>
<tr>
<td><strong>TALK:</strong> to communicate in English procedures to patients</td>
<td>C</td>
</tr>
<tr>
<td><strong>READ:</strong> typed, handwritten, computer information in English</td>
<td>C</td>
</tr>
<tr>
<td><strong>WRITE / TYPE:</strong> to communicate in English pertinent information (e.g., patient evaluation data, history and technical reports)</td>
<td>F</td>
</tr>
<tr>
<td>MENTAL/ATTITUDINAL STANDARDS</td>
<td>Freq*</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Function safely, effectively, and calmly under stressful situations.</td>
<td>F</td>
</tr>
<tr>
<td>Maintain composure while managing multiple tasks simultaneously.</td>
<td>F</td>
</tr>
<tr>
<td>Prioritize multiple tasks, work independently</td>
<td>C</td>
</tr>
<tr>
<td>Exhibit social skills necessary to interact effectively with patients, families, supervisors,</td>
<td>C</td>
</tr>
<tr>
<td>and co-workers of the same or different ages and cultures such as respect, politeness, tact,</td>
<td></td>
</tr>
<tr>
<td>collaboration, teamwork, discretion.</td>
<td></td>
</tr>
<tr>
<td>Maintain personal hygiene consistent with close personal contact associated with patient</td>
<td>C</td>
</tr>
<tr>
<td>care. Consistent adherence to infection control and patient safety policies.</td>
<td></td>
</tr>
<tr>
<td>Display attitudes/actions consistent with the ethical standards of the profession.</td>
<td>C</td>
</tr>
</tbody>
</table>

Frequency Key:  O = occasionally 1-33%;  F = frequently 34-66%;  C = constantly 67-100%
Acceptance of Job Description, Professional and Technical Standards

I have read and understand the ethical, technical, physical, and emotional requirements of the Sonography professional. I believe that I am mentally, physically, emotionally and academically able and ready to complete the Sonography program, provide care to my patients, and perform the duties as listed in this handbook.

Print: _______________________

Sign: _______________________

Date: _______________________

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DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY

PROFESSIONAL ORGANIZATIONS
SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

STUDENT MEMBERSHIP APPLICATION

Name: Mr./Ms./Dr. ___________________________ Credentials: ___________________________

Address 1: ___________________________________________ Address 2: ___________________________________________

City: ___________________________ State/Province: ___________________________ Zip+4/Postal Code: ___________________________

Country: ___________________________ Daytime Phone: ___________________________ Ext.: ___________________________

Email: ___________________________ Specialty Areas Currently Studying:

[ ] Abdomen [ ] Cardiac (Ped)
[ ] Breast [ ] Musculoskeletal
[ ] Cardiac (Adult) [ ] Neurosonology
[ ] Cardiac (Fetal) [ ] Ob/Gyn

Gender: [ ] Female [ ] Male

Credentials/Licenses:

[ ] RDCS [ ] RMDS [ ] ACV [ ] RCT
[ ] RDCS [ ] RMT [ ] RMT [ ] RTVS [ ] RTVS [ ] RMT

ARCMS Registry #: ___________________________ CD Registry #: ___________________________ ARRT Registry #: ___________________________

Sonography Canada Registry #: ___________________________

Specialty Certifications:

[ ] Abdomen (AB) [ ] Cardiac (Fetal) (FEC)
[ ] Breast (BR) [ ] Cardiac (Ped) (PE)
[ ] Cardiac (Adult) (ACE) [ ] Neurosonology (NE)

SDMS Student Membership Dues*: $45 USD

Donation to the SDMS Foundation: [ ] $10 [ ] $15 [ ] $25 [ ] $50 [ ] $75 [ ] $100 [ ] Other: ___________________________ $__________ TOTAL: ___________________________

Indicate Payment (PLEASE PRINT)

[ ] Check/Money Order [ ] Credit Card [ ] American Express [ ] Discover [ ] Mastercard [ ] Visa

Cred’t Card Number: ___________________________ C/O: ___________________________

Expiration Date: ___________________________ (Last/First)

Cardholder’s Name (as it appears on card): ___________________________ Signature: ___________________________

Cardholder’s Billing Address (as it appears on statement) — Please indicate address, city, state/province, and zip code.

NOTE: This form is valid through ___________________________

WEBSTU17

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Student Status Verification

A SDMS Student Member is defined as an individual who is currently enrolled in a diagnostic medical sonography program and must be considered a Student Member until completion of the educational program. A Student Member shall have all the benefits granted by the Society, but shall not have the right to hold an elective office or be elevated to Fellow.

To comply with the SDMS Student Membership requirements, student status must be verified by the applicant’s current program faculty. The student dues payment must accompany this fully completed two-page membership application.

Student applications must be received on or before the applicant’s graduation date to be considered for SDMS Student Membership. If the applicant does not meet the SDMS Student Membership requirements, the dues payment will be refunded.

Program Faculty Affirmation

I hereby confirm that the applicant for SDMS Student membership is currently accepted or enrolled in a sonography-related educational program and the information provided in this section of the membership application is accurate. I understand that providing false or misleading information may result in denial of the application and other actions deemed appropriate by the SDMS.

Program Faculty Signature

Date

SDMS #

Printed Name:

Student Name:

Student Anticipated Graduation Date: (mm/dd/yyyy)

Program Information

School Name:

Program Name:

Address:

City: State: Zip/Postal Code: Country:

Daytime Phone: Email Address:

Please return completed two-page application with appropriate dues payment to:

SDMS Membership Department • PO Box 200971, Dallas, TX 75220-9971 • 800.229.9566 • 1.1.214.473.9057 • 214.473.8565 Fax
Create an Account

Welcome to the AIUM. Create an account below.
Or download the Membership Application to apply by mail or fax.
Or download the Student/Resident/Fellow Membership Application.

Create a Login

E-mail Address:
Register E-mail Address:
Choose a Password:
Register Password:

Enter Personal Information

Dr. / Mr. / Ms. / Prof.: 
First Name: 
Middle Name: 
Last Name: 
Jr. / Sr. / II / III / IV / V: 
Credentials: (e.g., MD, MD, RT(R), ADM) 
Birth Year: 
Gender: female / male
This is my home / work address.
Address: 
Address (Apartment, Suite, Room #: 
Country: United States
City: 
State/Province: AA
Postal Code: 

I am providing a secondary address.

Contact Numbers

Canada and United States residents, please enter your number as xxx-xxx-xxxx.
Primary: 
Phone: 
Number 2: 
Number 3: 

Profession

I am a Nonphysician / Physician / Student/Fellow/Resident
My profession is: 
My primary employer is: 

Are you certified by the American Registry for Diagnostic Medical Sonography?
Yes, I am ARDMS certified. No, I am not ARDMS certified.

https://www.aium.org/ss/loginNotRequired/createAccountPl.aspx

6/5/2017
Create an Account

Are you Medical Board certified?
- [ ] Yes, I am Medical Board certified.
- [ ] No, I am not Medical Board certified.

Which best reflects your primary interest area?

How did you learn about the AIUM? [Select one]

I was referred by: [ ] (If applicable)

Submit this Form

Advertising | Press | Public
© American Institute of Ultrasound in Medicine | 44/50 Somerset Lane, Suite 100 - Wheaton, MD 20907 | Phone: 301-495-4160
SVU MEMBERSHIP APPLICATION

Please type or print:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Name ____________________________

Job Title ____________________________________________

Preferred Mailing Address: ☐ Business ☐ Home

Company/Institution ________________________________________

Address __________________________________________________

City ___________________________ State __________ Zip _______

Telephone ______ Fax ______

E-mail _________________________

Billing Address for credit card charges (If different from above)

Address __________________________________________________

City ___________________________ State __________ Zip _______

Telephone ______ Fax ______

E-mail _________________________

Dues (effective until 12/31/2014)

Note: Approximately 70% of your membership dues will be used for advocacy expenses.

☐ Physician Membership (USA International) ______________________ $245/yr

☐ Regular Membership (USA & Canada) ____________________________ $145/yr

☐ International Membership (outside USA & Canada) _________________ $150/yr

☐ Resident/Fellow Membership (outside USA & Canada) ______________ $95/yr

Resident/Fellow rate is for physicians training at an accredited hospital. All are required to submit proof of status in the form of a letter from their department head or program director.

☐ Student Membership (USA International) ________________________ $25/yr

Students must be full-time undergraduate or graduate students and must submit a letter from the department head or registrar certifying your current student status and date of graduation.

☐ Student Transitional Membership (outside USA & Canada) __________ $170/yr

This provides membership to SVU while attending school.

☐ Retired/Disabled Member (outside USA & Canada) _________________ $45/yr

Assumed after active employment and no longer employed and/or permanently disabled.

Visit online for details and required amount.

Payment Method

Please make checks payable to SVU in US funds drawn on a US bank, net of all bank charges, or use a credit card: ☐ MasterCard ☐ Visa ☐ AmEx

Account No. __________________________ Exp. Date ____________

Signature __________________________

Print name __________________________

Mail this form to:

SVU, P.O. Box 75491
Baltimore, MD 21273-5491
Or fax to (credit card payment only): 301-459-0451
301-459-0451

For more information

Phone: 301-459-7500 or 800-SVU-VEIN
E-mail: svuinfo@svunet.org
Or visit us on the web at www.svunet.org

Highest Degree Earned:

☐ High School ☐ Some College
☐ Diploma Program ☐ AS ☐ AA ☐ BS
☐ BA ☐ BSN ☐ MS ☐ MA ☐ MSN
☐ EdD ☐ JD ☐ Other: __________________________

Work setting (check one):

☐ Hospital/Institution
☐ Private Lab/Physician's Office
☐ Equipment Company

Other organizations of which you are a member:

☐ SOMA ☐ SVS ☐ SVM ☐ ASE ☐ ACP
☐ ASN ☐ ACCO ☐ SIR ☐ SVN ☐ ACR
☐ ASRT ☐ Other: __________________________

Year you began work in a noninvasive field: ____________

Specialty of the Physician Medical Director (check one):

☐ Vascular Surgery ☐ Cardiology
☐ Cardiovascular Surgery
☐ Radiology ☐ Neurology
☐ General Surgery
☐ Other: __________________________

Is the performance of noninvasive vascular testing your primary job responsibility?

☐ Yes ☐ No

If not, describe your primary job responsibility: __________________________

If you are a member of an affiliated SVU Chapter, specify chapter: __________________________

Promotion Code: __________________________
Student Letter of Verification

Students must be full time undergraduate or graduate students and must submit this letter of verification from the department head or registrar certifying your current student status and date of graduation.

I am applying for: 

________ $25 SVU Student Membership and my graduation date is beyond six months

________ $60 SVU Transitional Membership and my graduation date is within six months

To Whom It May Concern:

This letter is to verify that ________________________ is currently enrolled in a full-time vascular program at ________________________ in ________________________,

(School of Study) (City / State)

His/Her anticipated date of graduation is ________________

(mo/da/yy)

Program Director Signature: ________________________________

Print Name: ___________________________________________ Date: _________________

Phone: __________________________ Email: __________________________

* Please print this letter on letterhead and submit along with your payment and application for student membership to:

Society for Vascular Ultrasound (SVU) 
PO Box 75491
Baltimore, MD 21275-5491

Or fax to 301-459-5651 if paying by credit card
2017 ASE Membership Application

JOIN ONLINE AT ASECHO.ORG/JOIN

ASE serves to maintain low membership fees while offering an extremely wide range of benefits to the cardiovascular imaging professional. International dues are available to anyone who resides outside the United States.

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>United States</th>
<th>International</th>
<th>International</th>
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<tbody>
<tr>
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<td>with print JASE</td>
<td>with online only JASE</td>
<td>with print JASE</td>
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<tr>
<td>Physician</td>
<td>$305</td>
<td>$300</td>
<td>$190</td>
</tr>
<tr>
<td>Scientist</td>
<td>$305</td>
<td>$300</td>
<td>$190</td>
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<tr>
<td>Veterinarian</td>
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<td>$300</td>
<td>$190</td>
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<tr>
<td>Sonographer/Allied Health*</td>
<td>$355</td>
<td>$350</td>
<td>$190</td>
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<tr>
<td>Professional Industry Affiliate**</td>
<td>$355</td>
<td>$350</td>
<td>$190</td>
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<tr>
<th>Rating Status - Subject to review at any time</th>
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<tr>
<td>Physician</td>
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<tr>
<td>Scientist</td>
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<tr>
<td>Veterinarian</td>
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<tr>
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Fellow in Training/Student/Retired. A monthly subscription to JASE is available online only. To add a print subscription to JASE, please provide an additional $30.00 to membership fee.

| Fellow in Training | $375 (online JASE only) | $375 (online JASE only) | $375 (online JASE only) |
| Medical Student    | $375 (online JASE only) | $375 (online JASE only) | $375 (online JASE only) |
| Sonographer/Allied Health* Student | $375 (online JASE only) | $375 (online JASE only) | $375 (online JASE only) |
| Retired            | $375 (online JASE only) | $375 (online JASE only) | $375 (online JASE only) |

* Please choose your Allied Health Category: ☐ Sonographer ☐ Name ☐ Physician Assistant ☐ Other [please specify]
** Individuals with an interest in cardiovascular ultrasound that are not professional healthcare providers, such as Hospital Administrators, Industry Professionals, and Media.

If you were referred by a current ASE member, please provide their name and email address:

Name: ___________________________ Email address: ___________________________

General Information (please type or print) * denotes required field

*Name ___________________________________ Last Name ___________________________
  First Name ___________________________ Middle Name ___________________________
*Preferred Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ M.D. ☐ M.D. ☐ D.O. ☐ M.D.
*Company ___________________________________________
*Email ___________________________________________ Date of Birth (mm/dd/yyyy)
ABMS Registry # __________________________________ (Necessary for automatic CME credit transfer to ABMS)
CCS Registry # __________________________________ (Necessary for automatic CME credit transfer to CCS)
ARIM # __________________________________ (Necessary for automatic MOC credit transfer)
ABPw __________________________________ (Necessary for automatic MOC credit transfer) Year Graduated from Medical School ___________

Become part of ASE's special Interest councils. No additional dues are required. Please select all councils you wish to join.
☐ Council on Cardiovascular Sonography ☐ Council on Perioperative Echocardiography ☐ Council on Pediatric and Congenital Heart Disease
☐ Council on Vascular Ultrasound ☐ Grassroots Advocacy Network

ASE occasionally makes available its members' addresses (excluding telephone and email) to vendors who provide products and services to the cardiovascular ultrasound community. ☐ If you prefer not to be included, please check this box.

Degree to conform to ASE Bylaw and Code of Ethics: online at www.asecho.org/ase/codeofethics

Signature __________________________________ Date ___________________________
Demographic Information: The following information will help ASE maintain accurate membership data, but will not be considered in connection with your application for membership.

Gender: [ ] Male [ ] Female [ ] Other

Degree: [ ] MD [ ] PhD [ ] DO [ ] DMD [ ] DC [ ] DDS [ ] Other

Language Spoken: [ ] English [ ] French [ ] German [ ] Hebrew [ ] Italian [ ] Japanese [ ] Korean [ ] Mandarin [ ] Spanish [ ] Other

Areas of Practice (select up to three areas):

| [ ] Adult Congenital Heart Disease | [ ] Emergency Medicine | [ ] Nursing |
| [ ] Adult Cardiology | [ ] Forensic Echocardiography | [ ] Pediatric Cardiology |
| [ ] Arrhythmology | [ ] General/Critical Care | [ ] Pediatric Echocardiography |
| [ ] Cardiovascular Physiology | [ ] Cardiac Physiology | [ ] Perioperative Echocardiography |
| [ ] Cardiac Surgery | [ ] Cardiac Surgery | [ ] Radiology |
| [ ] Cardiovascular Interventions | [ ] Cardiac Imaging | [ ] Research |
| [ ] Cardiovascular Angiography | [ ] Cardiac Angiography | [ ] Thoracic Surgery |
| [ ] Computer Tomography (CT) | [ ] Cardiac CT | [ ] Vascular Medicine |
| [ ] Critical Care | [ ] Cardiac MRI | [ ] Veterinary Medicine |
| [ ] Cardiology | [ ] Nuclear Cardiology | [ ] Other |

Which of the following best describes your primary job setting?

[ ] Private Practice/Physician Office
[ ] Hospital (not academic)
[ ] Hospital and Private Practice/Physician Office
[ ] Academic Institution
[ ] Multidisciplinary Cardiology Practice

To what other professional societies do you belong? Check all that apply:

[ ] American Association of Heart Failure Nurses (AAHFN)
[ ] American College of Cardiology (ACC)
[ ] American Heart Association (AMA)
[ ] The American Society of Echocardiography (ASE)
[ ] The American Society of Nuclear Cardiology (ASNC)
[ ] Canadian Cardiovascular Society (CCS)
[ ] Canadian Society of Echocardiography (CSE)
[ ] European Association of Cardiovascular Imaging (EACVI)
[ ] European Society of Cardiology (ESC)
[ ] Heart Failure Society of America (HFSA)
[ ] Heart Rhythm Society (HRS)
[ ] International Contact Ultrasound Society (ICUS)
[ ] Japanese Society of Echocardiography (JSE)
[ ] National Cardiovascular Data Registry (NCVD)
[ ] Royal College of Physicians
[ ] Society for Cardiovascular Magnetic Resonance (SCMR)
[ ] Society for Postgraduate Echocardiography (SPEG)
[ ] Society for Pediatric Echocardiography (SPEG)
[ ] Society for Cardiovascular Angiography and Interventions (SCAI)
[ ] Society of Cardiovascular and Interdisciplinary Medicine (SCVIM)
[ ] Society of Critical Care Medicine (SCCM)
[ ] Society of Diagnostic Imaging (SDI)
[ ] Society of Thoracic Surgeons (STS)
[ ] Society for Vascular Medicine (SVM)

Are you a clinical cardiology director?  [ ] Yes  [ ] No

Member Data (from previous page): Total Amount $ ___________

Payment Information:

[ ] Check (Payable to ASE in US funds only. Must accompany this application.)
[ ] Visa  [ ] MasterCard  [ ] American Express

Card #: __________________ Exp.: __________________ Security Code: __________________

Cardholder Name: __________________

Cardholder Signature: __________________

Return this application with payment to:
American Society of Echocardiography
P.O. Box 990082
Charlotte, NC 28299-0082
Fax: 1-609-458-0550

Please allow 3-4 weeks for processing. Your preferred address, phone, and email address may be used to reach you only to confirm membership. 
We will not sell or release any membership data to other organizations. 
ASE memberships run on a calendar year. If you are new to ASE, and have not joined before September 1, your membership will be extended through December 31 of the following year.

American Society of Echocardiography
Join online at ASEcho.org/Join

82
The Greater Houston Society of Echocardiography

Please take the time to fill out ALL information.
Additional comments are welcome in the space provided.
Dues are $25.00 annually.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First Name</th>
<th>Middle initial</th>
<th>Title</th>
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Prefered Mailing Address

<table>
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<tr>
<th>(Circle one: WORK HOME)</th>
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City State Zip

<table>
<thead>
<tr>
<th>Work Phone</th>
<th>Home Phone</th>
<th>Mobil Phone</th>
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Email address Fax

Tell us about yourself

<table>
<thead>
<tr>
<th>Type of Practice: Adult Pediatric Combined Cardiovascular</th>
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</table>

Member of American Society of Echocardiography?

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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</table>

Technologist: Certification: (Circle all that apply)

<table>
<thead>
<tr>
<th>RN</th>
<th>RRT</th>
<th>RDCS</th>
<th>RDMS</th>
<th>RCVT</th>
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Physician: Primary function: (Circle all that apply)

<table>
<thead>
<tr>
<th>Echocardiography</th>
<th>General Cardiology</th>
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</thead>
<tbody>
<tr>
<td>Invasive Cardiology</td>
<td>C-T Surgeon</td>
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<tr>
<td>Internal Medicine</td>
<td>Private Practice</td>
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<tr>
<td>Academic</td>
<td>Cardiology Fellow</td>
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Are you willing to volunteer for committee work?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

Would you like your name on mailing lists created by the Society?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

Additional Comments:

Email to: smaisey@digison.org
**STUDENT SELF-EVALUATION** – Completed each semester on Trajecsys

**STUDENT:**

**COURSE:**

**DATES:**

**STUDENT RESPONSIBILITY:**

I actively participate in scanning and general duties during clinical rotations.

I utilize all learning opportunities provided in my didactic lectures during my clinical rotations.

<table>
<thead>
<tr>
<th>I feel that my level of scanning in the following scan areas is: (please check appropriate category)</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Echo 2D</strong></td>
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<tr>
<td>Echo M-Mode</td>
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<td></td>
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<tr>
<td>Echo Doppler</td>
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<tr>
<td>Echo Measurements and Calculations</td>
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<tr>
<td>Vasc Carotid Duplex</td>
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<td>Vasc Arterial Duplex</td>
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<td>Vasc Venous Duplex</td>
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<tr>
<td>Vasc Non-Imaging</td>
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<tr>
<td>Vasc Measurements and Calculations</td>
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<tr>
<th>I feel that my anatomy and pathology knowledge in the following scan areas is: (please check appropriate category)</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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<tbody>
<tr>
<td><strong>Anatomy</strong></td>
<td><strong>Pathology</strong></td>
<td></td>
<td></td>
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<tr>
<td>Above</td>
<td>Average</td>
<td>Below</td>
<td>Above</td>
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<tr>
<td>Cardiac</td>
<td>Acquired Heart Dz.</td>
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<tr>
<td>2D</td>
<td>Congenital Heart Dz.</td>
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<tr>
<td>M-Mode</td>
<td>2D</td>
<td></td>
<td></td>
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<tr>
<td>Venous</td>
<td>M-Mode</td>
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<tr>
<td>Arterial</td>
<td>Doppler</td>
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<tr>
<td>Cerebrovascular</td>
<td>Upper Ext.</td>
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<td>2D</td>
<td>Lower Ext.</td>
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<td>Abd. Vascular</td>
<td>Cerebrovascular</td>
<td></td>
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<tr>
<td>Other:</td>
<td>Abdominal</td>
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<tr>
<td>Other:</td>
<td>Other:</td>
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</table>
STUDENT MID TERM EVALUATION – Completed each fall and spring at mid-term

<table>
<thead>
<tr>
<th>Clinical Course Number</th>
<th>Grade</th>
<th>% Completed</th>
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<thead>
<tr>
<th>Absences</th>
<th>Call-in Procedure Followed?</th>
<th>Made up?</th>
<th>TOTAL</th>
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<tr>
<th>Clock Hours</th>
<th>Procedures (overall total)</th>
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<tr>
<th>Physician Input Time</th>
<th>Evals. Completed</th>
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<tr>
<th>Case Study Grade/Feedback Last Semester</th>
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<tr>
<th>How is Case Study going for this Semester?</th>
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<th>Absences</th>
<th>Tardies</th>
<th>Instructor Signature</th>
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<th>Areas of Strengths</th>
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<th>Areas for Improvement</th>
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<tr>
<th>Attitude in Class</th>
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STUDENT COMMENTS:

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Student signature

Program Director signature

**If the student is taking more than two academic courses, use an additional Evaluation Form**

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STUDENT COUNSELING FORM

STUDENT NAME:________________________________ DATE:

Reason for counseling:
(  ) Commendation (  ) Disciplinary (  ) Other (Counseling)

Describe incident and action taken:

Student comments:

The above is a true statement of the facts. I understand that these matters are personal and private and I will maintain confidentiality by not discussing this with my classmates, clinical sites, or anyone else involved with this program. My signature indicates attendance only and not necessarily agreement with the statements made above. Failure to sign or maintain confidentiality will result in immediate dismissal.

Instructor Signature

Student Signature

Date

Date
Photo / Video Release Form

Alvin Community College has permission to use any photograph/video or digital image of me or any family member, which has been taken by an employee or representative of the college, or a fellow student, for college purposes.

Name

______________________________________________________________

Signature

______________________________________________________________

Address

______________________________________________________________

______________________________________________________________

Telephone Number

______________________________________________________________

Email address

______________________________________________________________
ACC - DCVS
ACTIVITY CERTIFICATE

Student __________________________ Date: ______

Times from ___________ to ________________

Activity Description

Verified by ______________________

CERTIFICATE INVALID IF NOT SIGNED AT EVENT / ACTIVITY

Use as: FOR CLINICAL
Service Learning _________ points

Choose only Clinical Make up ________ hours

FOR CLASS
Bonus Point(s) _________ points
Homework Pass ____________
(only one per semester/class)