

FOR DCVS OFFICE USE (DO NOT WRITE IN THIS SPACE)

App rc'd / /
HS/GED / /

SAT or ACT
Pre-Req courses

Interview or Info mtg / /
TASP yes Transcripts yes

Accepted / /
Xfer or Return

3110 Mustang Road
Alvin, Texas 77511-4898
(281) 756-5650

ALVIN COMMUNITY COLLEGE
DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY
APPLICATION FOR ADMISSION
(Please print in ink or type)

Last Name _____

Social Security No. _____

First Name _____

Middle Name _____

Suffix (Jr., II, etc) _____

Other last names
You have had _____

Mailing Address _____
Street, PO Box, rural, etc City State Zip

Permanent Address (if different) _____
Street, PO Box, rural, etc City State Zip

Home phone # (____) _____

Work phone # (____) _____

Mobile Phone # (____) _____

Pager # (____) _____

County of residence _____

E-mail _____

Emergency Notification (spouse, parent, guardian, etc.): _____

Address _____
Street City State Zip Telephone # (____) _____

Citizenship: U.S. Citizen Permanent Resident Alien International Student (College contact is: Alpha Trevino, Advising Services, 281-756-3528)

PERMANENT RESIDENT ALIEN INFORMATION
Country of Citizenship

Resident Card Number

Have you earned a:

HIGH SCHOOL DIPLOMA (From an accredited US High School) School name/city/state _____
(OR) Date awarded or expected grad date _____

GED certificate Date awarded _____

Are you currently enrolled in a college or university? YES NO

If yes, name of institution & city/state: _____

List all courses in which you are currently enrolled (**If any of the courses you are currently enrolled in are your PREREQUISITES, your instructor will need to keep DCVS Program Director updated on your progress in the course): _____

COLLEGES / UNIVERSITIES ATTENDED (Vocational, 2-year and/or 4-year)

School name/city/state Major & Degree earned Dates attended

Have you previously enrolled in an allied health program? YES NO If yes, fill in below:

Type: NSG, RRT, EMT, etc. Institution name City State Dates attended

Healthcare Experience: (please attach an additional sheet if necessary)

Years of Experience _____ Area of Allied Health _____

Credentials: (please list credentials &/or certifications that you hold, ie, RRT, RN, MD, CPR, ACLS, RT, RDMS, CRT, LVN)

Check The Specialty In Which You Are Interested

I would like to take _____ first.

Adult Echocardiography _____ Vascular Technology _____
Pediatric-Echocardiography _____

Check the option you are qualifying for

AAS _____ ATC _____

ADMISSION REQUIREMENTS

ASSOCIATE DEGREE PROGRAM (AAS)

1. High school Graduate **or** GED
2. ACT 19 or SAT 900 (optional writing portion of ACT is NOT required) (scores are to be within 5 years of time of application)
3. An average of "C" or better on program prerequisites:
 - A. Anatomy & Physiology I
AND Anatomy & Physiology II if applying for AAS Pedi-Echo
 - B. English I
 - C. College Algebra
 - D. College or Applied Physics
4. Meet TASP (or equivalent) requirements.
5. Complete a Professional Observation

ADVANCED TECHNICAL CERTIFICATE PROGRAM (ATC)

1. High school Graduate **or** GED
2. Graduate of an AMA approved accredited Allied Health-related Associate Degree or higher including academic prerequisites:
 - A. Anatomy & Physiology I and II
 - B. English I
 - C. College Algebra
 - D. College or Applied Physics
3. Hold a current Healthcare Provider CPR card.
4. Complete a Professional Observation
5. Hold a *current* professional credential.

STEPS IN THE ADMISSION PROCEDURE

1. Complete all require prerequisites or admission criteria.
2. Submit a completed application including **ALL** documentation:
 - a. High school **or** GED transcripts
 - b. Official college transcripts from all institutions
 - c. *** Copy of Healthcare Provider CPR card, if applicable
 - d. Copies of certifications, registries, degrees or certificates and licensure if applicable
 - e. Two (2) letters of reference (professional references)
 - f. Copies of ACT/SAT scores (for AAS only)
 - g. Copy of Allied Health Degree (for ATC only)
3. Interview with Program Director
To request an interview appointment with the Program Director, call 281-756-5650. The primary purpose of the interview is to discuss the program and to respond to applicant questions.
4. Upon acceptance to the program, complete a physical exam including CXR, TB skin test, and verification of immunizations, complete hepatitis B series. A criminal background check and drug screen will also be performed.
5. Prior to first clinical rotation—Current, valid Healthcare provider CPR card.
6. Turn in profession observation form.

*** **Prior to first clinical rotation—Current, valid Healthcare provider CPR card.**

*****HEPATITIS B SHOTS – ALL 3 ARE TO BE COMPLETE PRIOR TO ADMISSION**

Note: The application process is a competitive one. Selection of candidates is based on academic performance.

AAS

- 1st. ACT score
- 2nd. A & P I grade
- 3rd. Science grades
- 4th. Healthcare experience & reference letters

ATC

- 1st. Overall cumulative GPA
- 2nd. A & P I & II grades
- 3rd. Science grades
- 4th. Healthcare experiences & reference letters

BOTH

Transcripts are scrutinized:
W's, D's, & F's are taken into consideration.

I certify that information given on this application is correct and complete. I understand that misrepresentation or omission of information will make me ineligible for admission to, or continuation in the Alvin Community College Diagnostic Cardiovascular Sonography Program. If applying online, signature will be obtained at the information meeting.

Legal signature of applicant

Date

Alvin Community College is an equal-opportunity institution and does not discriminate against anyone on the basis of race, color, national origin, gender, age, disability, religion, or veteran status.

After you complete this form, please send it along with you transcripts, letters, copies of certificates and other documentation to:

Alvin Community College, Diagnostic Cardiovascular Sonography, 3110 Mustang Rd., Alvin, TX 77511-4898

Phone: (281) 756-5650

Fax: (281) 756-5606

E-mail: alvincollege.edu