

ALVIN COMMUNITY COLLEGE DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY PROGRAM

APPLICATION AND INFORMATION PACKET



Offering Specialties in:

**Adult Echocardiography
Pediatric Echocardiography
Vascular Sonography**



General Program Description/Information – The Cardiovascular Sonography Program at ACC offers a series of courses leading to an Associate of Applied Science or Advanced Technical Certificate degree in either specialty of Echocardiography (Adult or Pedi) or Vascular Technology. See the information below to determine which option is right for you.

1. Advanced Technical Certificate (ATC) – This is a one and a half year option for those who already have a college degree in an area of allied health that is patient care related from an accredited institution. This certificate is advanced in that, it is above and beyond the degree you already have. Only people with a degree in **healthcare and direct patient care experience** will be allowed into the ATC program. (Starts in January)

2. Associate of Applied Science (AAS) – This is a two-year option for beginners with little or no healthcare experience and/or no prior degree. Anyone interested in obtaining a degree in this field may apply to the AAS program even if they already have a degree that is or is not healthcare related. (Starts in June)

Specific Program Information, Admission Criteria, Schedule and Start Dates

The admission criteria are different for each option and the acceptance process is competitively based. Each student is evaluated on professional and academic merit, reference letters, completing the application process and providing required documentation. There are only 6-10 spaces available depending on current student retention. Applications are taken year round, but please take note of APPLICATION DEADLINES listed below. Initial acceptance is then contingent upon further requirements; students must meet current professional technical and physical standards, pass a physical exam, TB skin test, have a current AHA CPR card, pass a criminal background check, drug screen, and attend a mandatory orientation.

PLEASE NOTE BELOW IMMUNIZATION DOCUMENTATION IS DUE **WITH THE APPLICATION:**

1. **TWO DOSES MMR OR POSITIVE TITER**
2. **3 DOSES HEPATITIS B AND HEPATITIS TITER** is mandatory since most clinical sites now require a titer
3. **2 DOSES OF VARICELLA, OR POSITIVE TITER**
4. **DOCUMENTATION of CURRENT TDAP RECEIVED AFTER AGE 18**
5. **TUBERCULIN TEST (PPD) – REQUIRED ANNUALLY** and should be completed close to the time you begin the program.
OR clear Chest X-Ray if TB is positive.

ATC – Students interested in taking the ATC option must first attend one of the mandatory information sessions then apply to the DCVS program, visit the enrollment services center, apply to ACC for admission, provide proof of previous allied health college degree including required pre-requisites, submit all official college transcripts, complete the required number of hours of professional observation here at ACC in the DCVS lab and submit 2 letters of reference (ONLY current PROFESSIONAL references are accepted). ATC students must document prior completion of the program pre-requisites including: English I, Anatomy and Physiology I & II (no more than 5 years old or renew by taking DSAE 2303 prior to application), Physics (may be allied health physics), and MATH Core. ATC Students must have a current medical license or professional credential, such as RN, RRT, RT-R, AND take the USA – Ultrasound Student Assessment exam in the testing center.

Provide proof of complete immunizations including:

1. **current flu vaccine**
2. **Hep B series AND Hep. B titer**
3. **MMR OR Positive Titer**
4. **TDaP - documentation of TDap received AFTER age 18**
5. **Positive Varicella Titer**
6. **TUBERCULIN TEST (PPD) – REQUIRED ANNUALLY** and should be completed after the acceptance packet is received so the most recent one is close to the time you begin the program.
7. **IF TB POSITIVE**Clear Chest X-Ray**
8. **Provide a copy of current American Heart Association Healthcare provider CPR card.**

This program is one and a half years long. Clinical, class and lab times vary by semester. Classes may be day, afternoon, or evening. Clinical are 2 – 3 days per week. ATC program students start in the spring semester in January. The deadline to apply is October 15th. Applicants are judged on their cumulative GPA, USA exam score, reference letters, professional attributes and other factors. Acceptance letters are sent out in November and mandatory orientation is in December. The **approximate** cost of the ATC program is \$7000.00 including tuition, fees, scrubs, physical exam, and books (based on in-district and subject to change).

AAS – Students interested in the DCVS program must attend one of the mandatory information sessions. Admission requirements for this option include these pre-requisite courses: English I, Anatomy and Physiology I, Anatomy and Physiology II (within the past 5 years or take DSAE 2303 early to renew knowledge), MATH CORE, and College or Applied Physics with a grade of C or better in each pre-requisite. All students are required to take the USA – Ultrasound Student Assessment exam in the testing center. **All applicants must meet** current state TSI requirements. Apply to the DCVS program and to ACC; go to the enrollment services center to visit with an academic advisor and provide all official college transcripts. Complete the required number of hours of professional observation here at ACC in the DCVS lab. Submit 2 official, current, professional letters of reference.

Provide proof of complete immunizations including:

1. **current flu vaccine**
2. **Hep B series AND Hep. B titer**
3. **MMR OR Positive Titer**
4. **TDaP - documentation of TDap received AFTER age 18**
5. **Positive Varicella Titer**
6. **TUBERCULIN TEST (PPD) – REQUIRED ANNUALLY** and should be completed after the acceptance packet is received so the most recent one is close to the time you begin the program.

7. **IF TB POSITIVE**Clear Chest X-Ray**
8. Provide a copy of current American Heart Association Healthcare provider CPR card.

This program is two years long after pre-reqs are completed. The clinical, class, and lab times vary by semester. Classes and labs may be days, afternoons, or evenings, with clinical 2 – 3 days per week. AAS program students start with the summer semester in June. The application deadline is February 15th. Acceptance is based on USA exam results, GPA in the prerequisite courses, reference letters, professional attributes and other factors. Acceptance letters are sent out in March, mandatory orientation is in April and the program starts in June. The ***approximate*** cost is \$9000.00 including tuition, fees, scrubs, physical exam, and books (based on in-district and subject to change).

USA Exam

The Ultrasound Student Assessment Exam is a test that is administered to all ACC DCVS applicants. The test is designed to determine the aptitude for Sonography and the likeness that the student will be able to complete the program successfully. This test replaces the ACT/SAT that was previously required. The goal of the test is to help identify candidates who are suited for the rigors of the program and profession of Sonography. The exam tests for skills that sonographers need such as hand-eye coordination, spatial recognition, visual acuity, problem solving, critical thinking, logic and ethical awareness. Applicants should sign up for the exam via the ACC Market Place at www.alvincollege.edu Quick Links. MarketPlace. The test is administered through the ACC Testing Center in the A building at various times each month. There is no need to study for the test. It is not timed. Just do your best and have fun with it. There are no re-takes.

Accreditation

The Diagnostic Cardiovascular Sonography Program at Alvin Community College is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Joint Review Committee for Diagnostic Medical Sonography. CAAHEP address is: 25400 US Highway 19 N., Suite 158, Clearwater, FL 33763 and the phone number is 727-210-2350. When looking for an ultrasound program, only seek programs accredited through CAAHEP. Go to the website, click on Find an Accredited Program, Click on Sonography, click on the state and you will get a complete list of programs in your area. Other schools who are not on this list should be avoided.

To learn more about the program visit the Sonography Department webpage (www.alvincollege.com/DCVS), Programs & Degrees link)

What is a Diagnostic Medical Sonographer, an Adult, Pediatric or Fetal Echocardiographer, or a Vascular Sonographer?

The Profession of Diagnostic Medical Sonography

Diagnostic Medical Sonography is an umbrella for many specialties in the field of ultrasound, which include: Abdomen, Ob/Gyn, Fetal, Breast, Musculoskeletal, Neurosonology, Ophthalmic, Veterinary, Cardiac, and Vascular. General Ultrasound programs usually offer Abdomen, OB/Gyn, and Small parts.

ACC only offers Cardiac Sonography (Adult and Pediatric/Fetal Echocardiography) and Vascular Sonography (Non-Invasive Vascular Technology). Registry exams and credentials are offered in each of the branches of ultrasound by the American Registry of Diagnostic Medical Sonographers (ARDMS) or Cardiovascular Credentialing International (CCI).

Job Title

“Sonographers” are people who perform ultrasound. People who perform cardiac ultrasound are Echocardiographers, and people who perform Non-Invasive Vascular Sonography are known as Vascular Technologists or Vascular Sonographers.

Credentials

Because we are an accredited program, students of the ACC DCVS Program may sit for the registry exam through the ARDMS or CCI to earn their credential PRIOR to graduation. With the ARDMS two tests are required: Physics (SPI) and Specialty (RCDS -AE, PE, FE, or RVT). With the CCI, only one test is required that combines both physics and specialty (RCS, RVS, RCCS).

Job Description – Cardiovascular Sonography

People in this profession are responsible for performing ultrasound and some non-imaging diagnostics of the heart and peripheral blood vessels. Pediatric Echocardiography is highly specialized and focused on identifying congenital heart disease in the fetus, infants and children. These are non-invasive exams to check the size and function of the heart and to look for obstructions and other problems in the blood vessels. It is much like detective work in the human body.

Physical and Mental Requirements (complete list of technical standards are provided at new student orientation)

Cardiovascular sonographers must be able to think critically, make decisions, work independently with little supervision, communicate with physician and members of the healthcare team in a professional manner, have excellent organizational skills in order to prioritize and complete the workload, and be able to interact compassionately and professionally with patients and coworkers. Computer skills are a must because all ultrasound machines are computers on wheels. The physical skills include visual acuity, good eyesight in the dark, color vision, good hearing, ability to multitask and use both hands simultaneously, and the ability to lift, position and transport patients and push heavy ultrasound equipment around to do portable exams. Sonographers must also be able to hold a stationary position for prolonged periods of time and are often in an awkward position while trying to maintain an image. Sonographers must have good upper body strength and manual dexterity to push small buttons on the equipment. Applicants to the Cardiovascular Sonography Program at ACC are required to attend a professional observation to be sure that they know what to expect and are able to perform the required job duties.

Salary and Job Opportunities

Starting salary is about \$60,000-\$70,000 per year for a new graduate with one registry credential. Once you gain additional experience and or gain additional credentials by cross-training into another specialty of Sonography, the pay increases dramatically to about \$70,000-\$85,000 per year. The overall median hourly wage for Sonographers is \$34/hr. Sonographers can make more money if they are registered in more than one specialty and if they take call. Sonographers typically work in hospitals, but they may also work in physician offices, diagnostic centers, mobile services, and contract agencies. Some are self-employed and perform studies on a fee per test basis. The hours are usually day shift, but some labs have evening and weekend hours. Most hospitals require on call time during off-hours. Job opportunities are available in the Houston and Galveston area and nationally. I still get phone calls, post cards, and flyers on a regular basis from local and national recruiters; however, because of the economic down turn, the job market is slower than it has been in the past. We inform current students and graduates of job openings and post them on the bulletin board in the classroom or send them out via email to the graduating classes. The job market changes every year and employment opportunities locally cannot be guaranteed.

Career Advancement and Employment Options

Cardiovascular Sonographers have the same opportunities for advancement and career choices as other allied health professions. Sonographers can expand their horizons in supervision, management, education, research, sales, applications training, travel, and much more. Many of our graduates are now supervisors and managers over the cardiovascular sonography department in many of our local hospitals. We also have graduates working in ultrasound related sales and applications who make very healthy salaries and are able to travel around the world.

Medical Missions

There are also many agencies who seek out sonographers to go on medical mission trips to underserved areas. Some of those agencies pay for the sonographers to travel and others do not. This is just another opportunity to use your skills to serve patients and provide care in areas where it is not readily available.

To Find Out More

Visit these web sites: www.sdms.org, www.ardms.org, www.cci-online.org, www.asecho.org, www.aium.org, svunet.org, www.caahep.org

DCVS INFORMATION SESSION

If you are interested in the Diagnostic Cardiovascular Sonography Program (DCVS) you should attend one of the following information sessions to make certain you have the most current program information and application. If you are out of state you can contact us via email or phone for more detailed instructions.

Day, Time and Location for all Info Sessions:

Wednesday 3:00 pm, Room S109 Science/Health Science Building

January 23, 2019

March 20, 2019

June 12, 2019

August 28, 2019

October 23, 2019

To sign-up to attend an Information Session please click on the following link.

<http://form.jotformpro.com/form/50994367593976>

The 2017-2018 ACC Student Handbook is now available at

<http://www.alvincollege.edu/Students/CurrentStudents> under the Admissions and Advising section.

Curriculum Outline

FICE 003539

CIP 51.0910

Alvin Community College

A.A.S. Diagnostic Cardiovascular Sonography – *Adult Echocardiography*

Rubric/#	Title	Type	Wkly	Wkly	Wkly	Sem	Sem
			Lec	Lab	Clin	Cont	Cred
			Hrs	Hrs	Hrs	Hrs	Hrs
Program Pre-requisites – Must be completed or in progress in order to apply.							
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
(or PHYS 1410, 1415, or SCIT 1420, or CTEC 1401 or any applied physics with a lab)							
Prerequisite Total			15	9	0	384	18

FIRST YEAR

First Semester (Summer 11 weeks)

HPRS 1304	Basic Health Profession Skills	WECM	2	3	0	80	3
DMSO 1210*	Introduction to Sonography	WECM	2	0	0	32	2
DSAE 2303*	Cardiovascular Concepts	WECM	3	1	0	64	3
Semester Total			7	4	0	176	8

Second Semester (Fall 16 weeks)

CORE**	Social or Behavioral Science	ACAD	3	0	0	48	3
DSAE 1340	Diagnostic Electrocardiography	WECM	2	4	0	96	3
CVTT 1161	Clinical - Cardiovascular Technology	WECM	0	0	6	96	1
Semester Total			5	4	6	240	7

Third Semester (Spring 16 Weeks)

DMSO 1342	Intermediate Ultrasound Physics	WECM	2	2	0	64	3
DSAE 1303	Intro to Echocardiography Techniques	WECM	2	4	0	96	3
DSAE 1360	Clinical – DMST, Intro Echo	WECM	0	0	18	288	3
Semester Total			4	6	18	448	9

SECOND YEAR

Fourth Semester (Summer 11 weeks)

DSAE 2304	Echo Evaluation of Pathology I	WECM	2	4	0	96	3
DSAE 2361	Clinical – DMST, Echo I	WECM	0	0	12	192	3
CORE**	Language, Philosophy, Culture or Creative Arts	ACAD	3	0		48	3
Semester Total			5	4	12	336	9

Fifth Semester (Fall 16 weeks)

DSAE 2337	Echo Evaluation of Pathology II	WECM	2	4	0	96	3
DSAE 2461	Clinical– DMST, Echo II	WECM	0	0	24	384	4
Semester Total			2	4	24	480	7

Sixth Semester (Spring 16 weeks)

DSAE 2335	Advanced Echocardiography	WECM	2	4	0	96	3
DSAE 2462	Clinical – DMST Echo III	WECM	0	0	24	384	4
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

Specialty in Adult Echocardiography

CLIN CTH SCH

1344 2544 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

FICE 003539 CIP 51.0910
Alvin Community College

A.A.S. Diagnostic Cardiovascular Sonography – Pediatric Echocardiography

Rubric/#	Title	Type	Wkly Lec Hrs	Wkly Lab Hrs	Wkly Clin Hrs	Sem Cont Hrs	Sem Cred Hrs
Program Pre-requisites – Must be completed or in progress in order to apply.							
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
(or PHYS 1410, 1415, or SCIT 1420, CTEC 1401 or any applied physics with a lab)							
Prerequisite Total			15	9	0	384	18

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 Electrocardiography	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		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	CTH	SCH
Diagnostic Cardiovascular Sonography	1344	2656	65
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

FICE 003539

CIP 51.0910

Alvin Community College

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

Rubric/#	Title	Type	Wkly Lec Hrs	Wkly Lab Hrs	Wkly Clin Hrs	Sem Cont Hrs	Sem Cred Hrs
Program Pre-requisites – Must be completed or in progress in order to apply.							
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
(or PHYS 1410, 1415, or SCIT 1420, or CTEC 1401 or any applied physics with a lab)							
Prerequisite Total			15	9	0	384	18

FIRST YEAR

First Semester (Summer 11 weeks)

HPRS 1304	Basic Health Profession Skills	WECM	2	3	0	80	3
DMSO 1210*	Intro to Sonography	WECM	2	0	0	32	2
DSAE 2303*	Cardiovascular Concepts	WECM	3	1	0	64	3
Semester Total			7	4	0	176	8

Second Semester (Fall 16 weeks)

CORE*	Social or Behavioral Science	ACAD	3	0	0	48	3
DSAE 1340	Diagnostic Electrocardiography	WECM	2	4	0	96	3
CVTT 1161	Clinical - Cardiovascular Technology	WECM	0	0	6	96	1
Semester Total			5	4	6	240	7

Third Semester (Spring 16 Weeks)

DMSO 1342	Intermediate Ultrasound Physics	WECM	2	2	0	64	3
DSVT 1300	Principles of Vascular Technology	WECM	2	4	0	96	3
DSVT 1360	Clinical – DMST, Intro to Vascular	WECM	0	0	18	288	3
Semester Total			4	6	18	448	9

SECOND YEAR

Fourth Semester (Summer 11 weeks)

DSVT 2330	Cerebrovascular Eval of Pathology	WECM	2	4	0	96	3
DSVT 2361	Clinical – DMST, Vascular I	WECM	0	0	12	192	3
CORE**	Language, Philosophy, Culture or Creative Arts	ACAD	3	0		48	3
Semester Total			5	4	12	336	9

Fifth Semester (Fall 16 weeks)

DSVT 2318	Peripheral Vascular Eval of Pathology	WECM	2	4	0	96	3
DSVT 2461	Clinical – DMST, Vascular II	WECM	0	0	24	384	4
Semester Total			2	4	24	480	7

Sixth Semester (Spring 16 weeks)

DSVT 2335	Advanced Vascular Technology	WECM	2	4	0	80	3
DSVT 2462	Clinical – DMST, Vascular III	WECM	0	0	24	384	4
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	2544	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

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 registry or credential.

Rubric/#	Title	Type	Wkly Lec Hrs	Wkly Lab Hrs	Wkly Clin Hrs	Sem Cont Hrs	Sem Cred Hrs
First Semester (Spring 16 weeks)							
DMSO 1210*	Introduction to Sonography	WECM	2	0	0	32	2
DMSO 1342	Intermediate Ultrasound Physics	WECM	2	2	0	64	3
DSAE 1303	Intro to Echocardiography Techniques	WECM	2	4	0	96	3
DSAE 1360	Clinical – DMST, Intro to Echo	WECM	0	0	18	288	3
Semester Total			6	6	18	480	11
Second Semester (Summer 11 weeks)							
DSAE 2303*	Cardiovascular Concepts	WECM	3	1	0	64	3
DSAE 2304	Echo Evaluation of Pathology I	WECM	2	4	0	96	3
DSAE 2361	Clinical – DMST, Echo I	WECM	0	0	12	192	3
Semester Total			5	5	12	352	9
Third Semester (Fall 16 weeks)							
DSAE 1340*	Diagnostic Electrocardiography	WECM	2	4	0	96	3
DSAE 2337	Echo Evaluation of Pathology II	WECM	2	4	0	96	3
DSAE 2461	Clinical – DMST, Echo II	WECM	0	0	24	384	4
Semester Total			4	8	24	576	10
Fourth Semester (Spring 16 weeks)							
DSAE 2335	Advanced Echocardiography	WECM	2	4	0	96	3
DSAE 2462	Clinical – DMST, Echo III	WECM	0	0	24	384	4
Semester Total			2	4	24	480	7

Total Credits Required

Advanced Technical Certificate

Diagnostic Cardiovascular Sonography

Specialty in Echocardiography

CLIN	CTH	SCH
1248	1888	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.

Curriculum Outline

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 (RCS, RDCS AE). Prior education must have included: Algebra, Physics, English, Anatomy & Physiology I & II.

Rubric/#	Title	Type	Wkly Lec Hrs	Wkly Lab Hrs	Wkly Clin Hrs	Sem Cont Hrs	Sem Cred Hrs
First Semester (Spring 16 weeks)							
DSPE 2255*	Neonatal/Pediatric Patient Care Skills	WECM	1	3	0	64	2
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		3	7	18	448	7
Second Semester (Summer 11 weeks)							
DSPE 2257	Echo Eval of Congenital Heart Disease	1WECM	1	4	0	80	2
DSPE 2261	Clinical – DMST, Pedi Echo I	WECM	0	0	12	192	2
	Semester Total		1	4	12	272	4
Third Semester (Fall 16 weeks)							
DSPE 2249	Echo Eval of Congenital Heart Disease	2WECM	1	4	0	80	2
DSPE 2461	Clinical – DMST, Pedi Echo II	WECM	0	0	24	384	4
	Semester Total		1	4	24	464	6
Fourth 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					CLIN	CTH	SCH
Advanced Technical Certificate					1248	1648	23
Diagnostic Cardiovascular Sonography							
Specialty in Pediatric Echocardiography							

Updated: 03-15

*This course may be taken prior to acceptance.

Curriculum Outline

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 registry or credential.

Rubric/#	Title	Type	Wkly Lec Hrs	Wkly Lab Hrs	Wkly Clin Hrs	Sem Cont Hrs	Sem Cred Hrs
First Semester (Spring 16 weeks)							
DMSO 1210*	Introduction to Sonography	WECM	2	0	0	32	2
DMSO 1342	Intermediate Ultrasound Physics	WECM	2	2	0	64	3
DSVT 1300	Principles of Vascular Technology	WECM	2	4	0	96	3
DSVT 1360	Clinical – DMST, Intro to Vascular	WECM	0	0	18	288	3
Semester Total			6	6	18	480	11
Second Semester (Summer 11 weeks)							
DSAE 2303*	Cardiovascular Concepts	WECM	3	1	0	64	3
DSVT 2330	Cerebrovascular Eval of Pathology	WECM	2	4	0	96	3
DSVT 2361	Clinical – DMST, Vascular I	WECM	0	0	12	192	3
Semester Total			5	5	12	352	9
Third Semester (Fall 16 weeks)							
DSAE 1340*	Diagnostic Electrocardiography	WECM	2	4	0	96	3
DSVT 2318	Peripheral Vascular Eval of Pathology	WECM	2	4	0	96	3
DSVT 2461	Clinical – DMST, Vascular II	WECM	0	0	24	384	4
Semester Total			4	8	24	576	10
Fourth Semester (Spring 16 weeks)							
DSVT 2335	Advanced Vascular Technology	WECM	2	4	0	96	3
DSVT 2462	Clinical - DMST, Vascular III	WECM	0	0	24	384	4
Semester Total			2	4	24	480	7

Total Credits Required for

Advanced Technical Certificate

Diagnostic Cardiovascular Sonography

Specialty in Vascular Technology

CLIN	CTH	SCH
1248	1888	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.

Applicant Name: _____

CHECK OFF LIST FOR DCVS PRE-REQUISITES

Please check-off each item that you are including in your application packet. Return this form along with all items attached. Thank you.

Attached	Pre-requisite	Special Requirement	Date/Grade
	Completed DCVS Application	Sign the back!	
	Completed ACC Application	www.alvincollege.edu	
	Personal Statement	Print or Type	
	English I	Final Grade or letter/email from professor regarding progress for each pre-req below	
	Anatomy & Physiology I		
	<i>Anatomy & Physiology II</i>	Within 5 years or take DSAE 2303 early	
	Math Core or higher		
	Physics, CTEC 1401, or applied physics		
	USA Ultrasound Student Assessment Exam Call ACC Testing center to register 281-756-5772. There is no prep for the test. Allow 2-3 hours to take the test. <u>NO re-takes.</u>	Program Director will access your results online. Candidates will be ranked according to test results.	
	2 Letters of Reference (see form)	Current sealed professional references only.	
	Attend required DCVS Info session. Sign up on line at www.alvincollege.edu/DCVS	See website/packet for info session dates.	
	Official College transcripts	From all institutions attended	
	Official College transcripts – foreign students must contact the ACC international student advisor	Official translated course by course evaluation is required. See catalog for current accepted agencies.	
	Professional Observation: Call 281-756-5625 to schedule EARLY. Limited slots fill up quickly.	2 hours of <i>EACH</i> : Vascular, Adult Echo and Pedi-Echo (total 6 hours)	
	Immunizations * Please note that most clinical sites require a Hepatitis B TITER in addition to the shots so students are NOW required to have the Hep B TITER also. (Hep B Surface Antibody IGG)	*Hep B (3 doses), MMR(2 doses), **TDaP, Varicella (2 doses), Seasonal Flu (Fall each year) **Please note – TDAP requirements are after age 18 AND current within the past 10 years.	
	Titer Tests	If you can't find shot records, TITER tests are accepted for HepB, Varicella, and MMR	
	CPR - American Heart Association Healthcare provider CPR is the ONLY accepted CPR card allowed.		
	Copies of certificates and/or degrees from AMA Approved accredited Health Science AAS Program (<u>REQUIRED</u> for ATC Program)	Copy of PROFESSIONAL credential and/or current license <u>for ATC Applicants.</u>	
	Copy of CURRENT TDL – After acceptance	Required by clinical sites	

**ALVIN COMMUNITY COLLEGE
DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY
APPLICATION FOR ADMISSION
FOR DCVS OFFICE USE (DO NOT WRITE IN SPACE below)**

App rc'd _____ / _____ / _____	USA Rank _____ Pre-Req courses completed? Yes __, IP __, No __	Date of info Session Info mtg _____ / _____ / _____ TSI _____ yes Transcripts _____ yes	Accepted _____ / _____ / _____ Xfer _____ or _____ Return _____
HS/GED _____ / _____ / _____			

(Please print in ink or type)

Last Name _____	Last four digits of 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:

<input type="checkbox"/> HIGH SCHOOL DIPLOMA (From an accredited US High School) (OR) <input type="checkbox"/> GED certificate	School name/city/state _____ Date awarded or expected grad date _____ 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 &/OR 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 or rank them in order of preference 1 – 2 – 3 order

Adult Echocardiography _____ Vascular Technology _____
Pediatric-Echocardiography _____

Check the degree option you are qualifying for

AAS _____ ATC _____

ADMISSION REQUIREMENTS

1. Complete all required prerequisites and admission criteria.
2. Submit a completed application to ACC and DCVS including **ALL** documentation: See check list
3. If in progress with any pre-req at the time of application have instructor send a letter or email stating you are still attending class, in good standing, and currently passing.
4. Attend one of the required information sessions.
5. **Upon acceptance to the program-** Complete a physical exam including TB Skin test (**see specific requirements regarding PPD on pages 2 and 3 of information packet**) vision, color vision, hearing tests.
6. **Provide copy of TDL, Pass Criminal Background and Drug Screen** A criminal background check and drug screen will also be performed. Information given in the acceptance packet.
 - a. Criminal matters must be cleared by the ARDMS to be accepted. Visit www.ardms.org Provide official copy of ARDMS clearance letter with application. This step should be performed PRIOR to applying to the program.
 - b. NOTICE: Criminal convictions could prevent students from being admitted to the program due to clinical site requirements. Criminal convictions could prevent a student from being allowed to take the registry exams, or gaining employment after graduation.
7. The application process is competitive. Selection of candidates is based on professional attributes and academic performance.
8. YOU **MUST** HAVE A COMPLETE APPLICATION FILE TO BE CONSIDERED. USE THE CHECKLIST PROVIDED. Incomplete application files will be denied.
9. Acceptance categories
 - a. Complete – Accepted fully into program pending outcome of criminal background and drug screen
 - b. Contingent – One or more pre-requisites are still in progress. Letter or email from professor regarding current progress is required. Acceptance is contingent upon successful completion of those courses with a C or better. Official grade report or updated transcript is required to verify passing status or your seat will be given to an alternate.
 - c. Alternate – Waiting list, next in line. If anyone who was accepted or contingent does not provide intent to enroll or completion data then alternates will be called in order of rank.
10. Attend MANDATORY orientation
11. All acceptance is technically contingent pending outcome of criminal background and drug screen results.

Criteria

- | | | |
|------|--|---|
| 1st. | USA rank and GPA | Transcripts are scrutinized: |
| 2nd. | A & P I and II grades | W's, D's, & F's <u>are</u> taken into |
| 3rd. | Science grades | consideration. |
| 4th. | Healthcare experience &
reference letters | Behavioral attributes are also
considered. |
| 5th. | Professional demeanor | |

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**

[illegible]



ALVIN COMMUNITY COLLEGE

DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY PROGRAM

Letter of Recommendation

I. To the applicant:

This form is to be given to a person who is familiar with your academic, professional, or personal qualifications. (i.e. Employer, supervisor, counselor, instructor, **professional, not personal**)

Applicant _____
(Last Name) (First Name) (Middle Name)

Address _____

Under the Buckley Amendment, students at Alvin Community College are permitted to see their academic records under certain conditions. I hereby **waive** ☐ **retain** ☐ (check one) the rights thus granted me to see this letter of recommendation should I become a student at Alvin Community College – Diagnostic Cardiovascular Sonography Program.

Signature of Applicant Date

To _____
(Applicant to fill in name of person providing reference)

**PLEASE USE THIS FORM ONLY FOR YOUR RECOMMENDATION
MAIL TO ADDRESS AT BOTTOM, OR
RETURN WITH APPLICANT IN SEALED ENVELOPE**

- II. The above named person is applying for admission to the Diagnostic Cardiovascular Sonography Program, Alvin Community College, and has given your name as a reference. Would you please comment on the applicant's major strengths and weaknesses with regard to a career in health care? Please supply any additional information which might help us in considering the applicant and return this recommendation form to the address listed at the bottom of this form.

Acquaintance with Applicant:

1. How long and in what capacity have you known this applicant? _____

COMMENTS: (Use an extra sheet of paper if needed). Please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a trainee and health care professional.

III. Professional Appraisal: (Please check the category which best indicates your evaluation of the applicant in terms of the listed characteristics.)

Characteristics	(3) Superior	(2) Above Average	(1) Average	No Basis for Evaluation **
A. Academic Potential				
B. Leadership				
C. Professional Competence *				
D. Sense of Responsibility				
E. Ability to Work with People				
F. Rapport with Patients *				
G. Ability to Adapt to New Situations				
H. Ability to Work Independently				
I. Reliability				
J. Oral Communication				
K. Written Communication				
L. Ability to Analyze Problems and Solve them Effectively				

* This category should be completed only by those who have had an opportunity to observe the applicant in a health setting.

** This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic

IV. Recommendation for Acceptance:

- () Strongly recommend () Recommend with reservations as noted in the comment section
() Recommend () Do not recommend

Please type or print

Your Name: _____
 Organization: _____
 City: _____
 Phone Number: _____
 Signature: _____

Title: _____
 Address: _____
 State: _____ Zip: _____
 Date: _____

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

PLEASE RETURN THIS FORM TO:
Alvin Community College – DCVS Program
3110 Mustang Road
Alvin, TX 77511



ALVIN COMMUNITY COLLEGE

DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY PROGRAM

Letter of Recommendation

I. To the applicant:

This form is to be given to a person who is familiar with your academic, professional, or personal qualifications. (i.e. Employer, supervisor, counselor, instructor, **professional, not personal**)

Applicant _____
(Last Name) (First Name) (Middle Name)

Address _____

Under the Buckley Amendment, students at Alvin Community College are permitted to see their academic records under certain conditions. I hereby **waive** ☐ **retain** ☐ (check one) the rights thus granted me to see this letter of recommendation should I become a student at Alvin Community College – Diagnostic Cardiovascular Sonography Program.

Signature of Applicant Date

To _____
(Applicant to fill in name of person providing reference)

PLEASE USE **THIS FORM** ONLY FOR YOUR RECOMMENDATION
MAIL TO ADDRESS AT BOTTOM, OR
RETURN WITH APPLICANT IN **SEALED ENVELOPE**

- II. The above named person is applying for admission to the Diagnostic Cardiovascular Sonography Program, Alvin Community College, and has given your name as a reference. Would you please comment on the applicant's major strengths and weaknesses with regard to a career in health care? Please supply any additional information which might help us in considering the applicant and return this recommendation form to the address listed at the bottom of this form.

Acquaintance with Applicant:

1. How long and in what capacity have you known this applicant? _____

COMMENTS: (Use an extra sheet of paper if needed). Please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a trainee and health care professional.

III. Professional Appraisal: (Please check the category which best indicates your evaluation of the applicant in terms of the listed characteristics.)

Characteristics	Superior	Above Average	Average	No Basis for Evaluation **
A. Academic Potential				
B. Leadership				
C. Professional Competence *				
D. Sense of Responsibility				
E. Ability to Work with People				
F. Rapport with Patients *				
G. Ability to Adapt to New Situations				
H. Ability to Work Independently				
I. Reliability				
J. Oral Communication				
K. Written Communication				
L. Ability to Analyze Problems and Solve them Effectively				

* This category should be completed only by those who have had an opportunity to observe the applicant in a health setting.

** This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic

IV. Recommendation for Acceptance:

- () Strongly recommend () Recommend with reservations as noted in the comment section
 () Recommend () Do not recommend

Please type or print

Your Name: _____
 Organization: _____
 City: _____
 Phone Number: _____
 Signature: _____

Title: _____
 Address: _____
 State: _____ Zip: _____
 Date: _____

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

PLEASE RETURN THIS FORM TO:
Alvin Community College – DCVS Program
3110 Mustang Road
Alvin, TX 77511

**ALVIN COMMUNITY COLLEGE
DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY
PROFESSIONAL OBSERVATION FORM**
Call 281-756-5625 or email sbutler@alvincollege.edu to schedule

Student Name: _____

Date: _____

Dear Prospective Student:

Please use this form to schedule and document your professional observation. Completion of all 12 hours of observation is **required** for admittance to the DCVS Program. Please be courteous and professional while in the class, lab, or clinical sites. Dress professionally. **Absolutely no jeans or shorts are to be worn by either males or females when visiting the lab/hospitals!** **It is recommended to schedule your observation well in advance of the application deadline. Return this form with your completed application.** Minimum requirement: 2 hours observation required in EACH area: Adult Echo, Pedi-Echo and Vascular (total 6 hours required).

YOU MAY ACCOMPLISH YOUR PROFESSIONAL OBSERVATION BY ONE OF THE THREE OPTIONS

___ **OPTION #1** - visit the classroom during lecture or lab for Adult Echo, Pedi-Echo and Vascular Technology. (Classes and lab are approximately 4 hours in length. Feel free to be a volunteer for a scan)

Verification of Visit:	Date(s)	Times	Hours	Instructor Initials
Adult Echo Lecture/Lab				
Pedi Echo Lecture/Lab				
Vascular Lecture/Lab				

Echo Faculty Signature: _____ **Date:** _____

Comments regarding student's attendance: _____

Pedi Echo Faculty Signature: _____ **Date:** _____

Comments regarding student's attendance: _____

Vascular Faculty Signature: _____ **Date:** _____

Comments regarding student's attendance: _____

___ **Option #2** For those who live out of state where on-site observation would be difficult, please contact the program director to make individual arrangements.

Please sign HIPAA agreement *on back* and return this form with the application to the DCVS Program at Alvin Community College.

ALVIN COMMUNITY COLLEGE
DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY PROGRAM
CONFIDENTIALITY STATEMENT – PROFESSIONAL OBSERVATION
HEALTH INFORMATION ACCOUNTABILITY AND PORTABILITY ACT (HIPAA)

I understand that information about the hospitals affiliated with Alvin Community College, its patients, volunteers, employees, or suppliers is confidential and that I will not discuss patient information with anyone other than my instructor, preceptor and/or the hospital staff directly involved in the patient's care. I understand that results of any medical tests of patients and employees will be known to certain physicians and direct care givers and I will keep this information in strictest of confidence. When in doubt as to whether certain information is or is not confidential, prudence dictates that no disclosure be provided without first clearly establishing that such disclosure has been authorized by the department manager.

The medical record is a confidential, legal document and, as such, all information contained therein or disclosed to me shall be treated as confidential and not discussed or repeated without authorization from the patient or responsible party. I understand that violations of the confidential nature of the medical record, the Release of Information Policy of the Hospital, or the security regulations of the Medical Records Department may result in either civil or criminal sanction(s). Civil penalties are fines of up to \$100 for each violation for each requirement per individual. Criminal penalties for "wrongful disclosure" can include not only large fines, but also jail time. The criminal penalties increase as the seriousness of the offense increases. These penalties can be as high as \$250,000 and prison sentences of up to 10 years. Knowingly releasing patient information can result in a one-year jail sentence and up to a \$150,000 fine. Releasing patient information with harmful intent, or selling the information, can lead to a 10-year jail sentence and a \$150,000 fine.

Your signature below indicates that you have been informed of the Health Insurance Portability and Accountability Act (HIPAA) regulations, and acknowledge the consequences of violation of those regulations.

Applicant Signature

Date

Lab Instructor

Date

PLEASE NOTE:

ALL 3 HEP B SHOTS and HEP B TIER MUST BE

COMPLETED BY THE TIME OF APPLICATION

It may take up to 6 months to complete the series of 3 shots.

So, check your shot record and start TODAY!

If necessary, ask your provider about the accelerated Hep B series.

*2 Doses of Varicella or if you had chicken pox then we require a POSITIVE titer test. History of disease is **NOT accepted***

Titers are accepted for any vaccination other than TDaP

*Titer tests can be obtained in lieu of immunization records for: MMR, HEP B, and VARICELLA only. Current TDaP shot and written record is required and must be given **AFTER age 18***

PPD REQUIREMENTS

TUBERCULIN TEST (PPD) – REQUIRED ANNUALLY and should be completed close to the time you begin the program. If TB Positive then annual negative CXR or QFT.

“FAQ Sheet”

Frequently Asked Questions – Answers

Associate in Applied Science Degree (AAS) (2 Years)

1. When do you start? Next class AAS (2-year) begins in Summer. Degree in either Adult-Echo, Pedi-Echo, or Vascular Sonography.
2. What are the Pre-requisites? A&P I and A&P II, ENGL I, Math or equivalent and Physics. Must be completed or in progress by the application deadline.
3. What if I am not finished with my pre-reqs by the deadline? If you are in progress with your pre-reqs as of the deadline, have the professor send us a letter stating that you are still enrolled, in good standing, and currently passing.
4. What is the USA exam? This is a test that identifies candidates who will excel in Sonography programs. It assesses visual acuity, hand-eye coordination, problem solving, critical thinking and ethical awareness. There is no prep for this test and no need to study for it. The test is not timed but allow for 2-3 hours depending on your own personal reading speed. The test is administered by the ACC testing center. Call to make an appointment for testing. Students who apply are ranked by performance on this exam so do your best. There are NO re-takes.
5. How many applicants are there and how many are accepted? We usually have about 30-50 applicants and only 26 openings. 10 adult echo, 10 vascular, and 6 pedi echo
6. What else do I need to be fully accepted? Must pass criminal background check and drug screen and have all immunizations documented on a shot record including a current Tetanus, Diphtheria and Pertussis (TDaP)
7. Do I have to get all 3 shots of Hep B to apply? Yes, you must have all Hepatitis B shots in order to apply and it can take up to 6 months so start early. **Please note that most clinical sites also require a Hepatitis B TITER in addition to the shots so do that now.**
8. Do you accept Chicken pox history of disease? NO, we do not accept history of disease. If you can't find your shot records you must provide titer tests for the following: Measles, Mumps, Rubella, Varicella, and Hepatitis B. A titer test tells us that you are protected.
9. Do you accept other forms of testing? We DO NOT require the HESSE exam, however all students must meet college entrance exam requirements (TSI assessment, or previously known as THEA, Accuplacer or equivalent: Status is exempt or successfully completed all segments.)
10. When is the deadline to apply? Deadline for completed application and pre-requisites is February 15 of each year, however, if you are still in progress with a few of the pre-reqs you may still apply as long as you have your professor send us an email stating your status in that class.
11. When are classes? Classes may be day, afternoon, or evenings.
12. Do I have any day's off while in the program? Students may have 1 – 2 days off per week depending on the semester.
13. When is Clinical? It may vary but are usually on Wednesday, Thursday, Friday, 8:00 a.m. – 4:30 p.m. – then in class and lab one or two other days per week. (Some rotations are 6am-2pm or 7am to 5pm depending on the semester.)

14. Can I still work? Many students have jobs (some in hospitals/clinics) that are flexible with their school schedule. Any conflicts between jobs and school must be resolved by arranging the job schedule – not the school schedule.
15. What is acceptance based on? Admittance is based on GPA in pre-requisites, USA score, and professional attributes as well as passing the physical exam, criminal background check and drug testing.

Advanced Technical Certificate (ATC – 1 ½ Years)

1. Next class for ATC (1 ½ years) begins in January. – Advanced Technical Certificate Degree in either Adult-Echo, Pedi-Echo, or Vascular Sonography.
2. Pre-requisites – Must have AAS or higher degree (which MUST include all above prerequisites) in Allied Health related field and a professional credential currently or recently performing healthcare. If you do not have a current professional license or credential, you should apply to the AAS degree option.
3. Deadline for completed application is October 15.
4. Classes are mostly afternoons and evenings. Clinical are Wednesday, Thursday, and Friday 8:00 a.m. – 4:30 p.m., or some may be 7:00 am – 5:00 pm. Days and Times will vary with the clinical site.
5. Admittance is based on GPA, USA, professional attributes, and other factors.
6. Must also pass physical exam, criminal background check and drug screen.