

Diagnostic Cardiovascular Sonography



HEALTH

Application

Adult Echocardiography
Vascular Sonography



Your College  **Right Now**





DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY

A.A.S. DEGREE/CERTIFICATE

100%
Job Placement Rate

100%
Credential Success

ACC
ALVIN COMMUNITY COLLEGE

Improve Patient Care by Becoming a Sonographer at Alvin Community College

Sonography is the use of high-frequency sound waves, also known as ultrasound, to observe the internal world of the human body. Sonographers are on the front line of early detection and evaluation of cancer, women's health issues, heart defects, arterial blockages, and more.

ACC offers two DCVS concentrations: Adult Cardiac and Vascular. All require the use of ultrasound machines to produce images of patient's hearts, veins and/or arteries using high frequency sound waves.

Career Opportunities

Career opportunities remain strong nationally and within the region. The Bureau of Labor Statistics notes that the Houston Metro region employs over 1,700 sonographers with an annual wage mean of \$85,080. Starting salary for a new graduate is generally around \$55,000. Recruiters contact ACC regularly about qualified graduates to fill job openings.

An Adult Cardiac Sonographer is a specialized diagnostic medical sonographer who performs imaging on adult hearts or blood vessels surrounding the heart.

A Vascular Sonographer examines blood vessels using ultrasound.

If you are compassionate, flexible, detail-oriented, and like working in a fast-paced and caring environment, you might be a good fit as a Sonographer.

What Will I Study?

The DCVS program curriculum is composed of didactic instruction, hands-on laboratory practice, individual outside scanning practice, and supervised external clinical experience.

For More Information:

Website: www.alvincollege.edu/DCVS

Phone: 281.756.5625

Email: sonography@alvincollege.edu

Your College  **Right Now**

Revised 7/19

DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - ADULT ECHOCARDIOGRAPHY

Associate of Applied Science Degree – 62 credit hours

| PROGRAM PREREQUISITES | CREDITS |
|--|-----------|
| P+BIOL 2401 - Anatomy & Physiology I | 4 |
| P+BIOL 2402 - Anatomy & Physiology II | 4 |
| P+MATH 1314 - College Algebra or | |
| P+MATH 1332 - Quantitative Reasoning | 3 |
| P+PHYS 1410 - Elementary Physics | 4 |
| FIRST YEAR - FIRST SEMESTER (Fall 16 Week) | |
| DMSO 1210 - Introduction to Sonography | 2 |
| DSAE 2303 - Cardiovascular Concepts | 3 |
| HPRS 1304 - Basic Health Profession Skills | 3 |
| *DSAE 1303 - Introduction to Echocardiography Techniques | 3 |
| CVTT 1161 - Clinical - Cardiovascular Technology | 1 |
| SECOND SEMESTER (Spring 16 Week) | |
| DMSO 1342 - Intermediate Ultrasound Physics | 3 |
| *DSAE 2304 - Echocardiography Evaluation of Pathology I | 3 |
| DSAE 1360 - Clinical - DMST Intro to Echo | 3 |
| **+ENGL 1301 - Composition I | 3 |
| THIRD SEMESTER (Summer 11 Week) | |
| *DSAE 2337 - Echocardiography Evaluation of Pathology II | 3 |
| DSAE 2461 - Clinical - DMST Echo II | 4 |
| **+Select from Social & Behavioral Sciences Core Curriculum | 3 |
| SECOND YEAR - FIRST SEMESTER (Fall 16 Week) | |
| *DSAE 2335 - Advanced Echocardiography | 3 |
| DSAE 2462 - Clinical - DMST Echo III | 4 |
| DSVT 1300 - Principles of Vascular Technology | 3 |
| **+Select from Language, Philosophy & Culture Core Curriculum or | |
| **+Select from Creative Arts Core Curriculum | 3 |
| DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - ADULT ECHOCARDIOGRAPHY (A.A.S.) DEGREE | |
| | 62 |

DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - ADULT ECHOCARDIOGRAPHY

Advanced Technical Certificate – 29 credit hours

| FIRST SEMESTER (Fall 16 Week) | CREDITS |
|---|-----------|
| *DSAE 1303 - Introduction to Echocardiography Techniques | 3 |
| DSAE 2303 - Cardiovascular Concepts | 3 |
| SECOND SEMESTER (Spring 16 Week) | |
| *DSAE 2304 - Echocardiography Evaluation of Pathology I | 3 |
| DMSO 1342 - Intermediate Ultrasound Physics | 3 |
| DSAE 1360 - Clinical - DMST Intro to Echo | 3 |
| THIRD SEMESTER (Summer 11 Week) | |
| *DSAE 2337 - Echocardiography Evaluation of Pathology II | 3 |
| DSAE 2461 - Clinical - DMST Echo II | 4 |
| FOURTH SEMESTER (Fall 16 Week) | |
| *DSAE 2335 - Advanced Echocardiography | 3 |
| DSAE 2462 - Clinical - DMST Echo III | 4 |
| DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - ADULT ECHOCARDIOGRAPHY (ADVANCED TECHNICAL CERTIFICATE) | |
| | 29 |

- + Denotes core requirement. Speak with Department Chair or Academic Advisor for proper course selection.
- P Prerequisite courses must be completed or in progress by the application deadline.
- ** May be taken prior to acceptance.
- * Capstone Course

APPLICATION DEADLINE

The deadline to apply for the Diagnostic Cardiovascular Sonography program is May 15. The program begins Fall semester.

*PROGRAM COSTS

The Diagnostic Cardiovascular Sonography degree program costs approximately \$4,479 for in-district students and \$7,404 for out-of-district students. This includes tuition and fees for DCVS courses. Additional fees for textbooks, supplies, uniforms, testing, vaccinations, insurance, and graduation are approximately \$4,379.

**Alvin Community College may change tuition rates and other fees without notice or when directed by the Board of Regents.*

ACCREDITATION

Both the DCVS degree and certificate programs are accredited through the Joint Review Committee for Diagnostic Medical Sonography (JRC-DMS) which is under the umbrella of the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

CAAHEP - 25400 US Hwy 19 North, Ste 158, Clearwater, FL 33763 | Phone:727-210-2350 | Email: mail@caahep.org

Alvin Community College is an equal opportunity institution.

If you have a disability and need assistance or require special accommodations contact the Office of Disability Services at 281-756-3533 or ods@alvincollege.edu.

DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - VASCULAR SONOGRAPHY

Associate of Applied Science Degree – 65 credit hours

| PROGRAM PREREQUISITES | CREDITS |
|---|-----------|
| ^P +BIOL 2401 - Anatomy & Physiology I | 4 |
| ^P +BIOL 2402 - Anatomy & Physiology II | 4 |
| ^P +MATH 1314 - College Algebra or | |
| ^P +MATH 1332 - Quantitative Reasoning | 3 |
| ^P +PHYS 1410 - Elementary Physics | 4 |
| FIRST YEAR - FIRST SEMESTER (Fall 16 Week) | |
| DMSO 1210 - Introduction to Sonography | 2 |
| DSAE 2303 - Cardiovascular Concepts | 3 |
| HPRS 1304 - Basic Health Profession Skills | 3 |
| *DSVT 1300 - Principles of Vascular Technology | 3 |
| CVTT 1161 - Clinical - Cardiovascular Technology | 1 |
| SECOND SEMESTER (Spring 16 Week) | |
| DMSO 1342 - Intermediate Ultrasound Physics | 3 |
| *DSVT 2318 - Peripheral Vascular Evaluation | 3 |
| DSVT 1360 - Clinical - DMST Intro to Vascular | 3 |
| **+ENGL 1301 - Composition I | 3 |
| THIRD SEMESTER (Summer 11 Week) | |
| *DSVT 2330 - Cerebral Vascular Evaluation | 3 |
| DSVT 2461 - Clinical - DMST Vascular II | 4 |
| **+Select from Social & Behavioral Sciences Core Curriculum | 3 |
| SECOND SEMESTER - FIRST SEMESTER (Fall 16 Week) | |
| *DSVT 2335 - Advanced Vascular Technology | 3 |
| DSVT 2462 - Clinical - DMST Vascular III | 4 |
| DSAE 1303 - Intro to Echo Techniques | 3 |
| **+Select from Language, Philosophy & Culture Core Curriculum or | |
| **+Select from Creative Arts Core Curriculum | 3 |
| DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - VASCULAR SONOGRAPHY (A.A.S.) DEGREE | |
| | 62 |

DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - VASCULAR SONOGRAPHY

Advanced Technical Certificate – 37 credit hours

| FIRST SEMESTER (Fall 16 Week) | CREDITS |
|--|-----------|
| *DSVT 1300 - Principles of Vascular Technology | 3 |
| DSAE 2303 - Cardiovascular Concepts | 3 |
| SECOND SEMESTER (Spring 16 Week) | |
| DMSO 1342 - Intermediate Ultrasound Physics | 3 |
| *DSVT 2318 - Peripheral Vascular Evaluation | 3 |
| DSVT 1360 - Clinical - DMST Intro to Vascular I | 3 |
| THIRD SEMESTER (Summer 11 Week) | |
| *DSVT 2330 - Cerebral Vascular Evaluation | 3 |
| DSVT 2461 - Clinical - DMST Vascular II | 4 |
| FOURTH SEMESTER (Fall 16 Week) | |
| *DSVT 2335 - Advanced Vascular Technology | 3 |
| DSVT 2462 - Clinical - DMST Vascular III | 4 |
| DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - VASCULAR SONOGRAPHY (ADVANCED TECHNICAL CERTIFICATE) | |
| | 29 |

+ Denotes core requirement. Speak with Department Chair or Academic Advisor for proper course selection.

^P Prerequisite courses must be completed or in progress by the application deadline.

** May be taken prior to acceptance.

* Capstone Course

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Diagnostic Cardiovascular Sonography

Associate of Applied Science Degree



Your College Right Now

Application Deadline: May 15

Program Start: Fall Semester

Start Here

If you are new to ACC, apply online at: www.goapplytexas.org and submit official transcripts to Admissions.

Admission Requirements

REQUIRED COURSES – Completion of the following courses with a minimum grade of 'C' no later than spring semester of the application year.

- ☐ BIOL 2401 – Anatomy & Physiology I
- ☐ BIOL 2402 – Anatomy & Physiology II
- ☐ MATH 1314 – College Algebra
- ☐ PHYS 1410 – Elementary Physics

Schedule Observations

Lab observations are required of each program(s) applicant is applying to.

- ☐ Call **281.756.5625** to schedule

Attend an Information Session

Applicants are required to attend an information session.

- ☐ Go to: www.alvincollege.edu/DCVS for dates and location

Submit Application

- ☐ Drop off your application in S108
- ☐ Email to: sonography@alvincollege.edu
- ☐ Or mail to: **ACC, Attn: DCVS
3110 Mustang Rd,
Alvin, TX 77511**
- ☐ Application Packets: www.alvincollege.edu/DCVS

Include with Your Application

- ☐ Completed Hepatitis B Series with titer showing immunity
- ☐ Completed HESI A2 exam within the last 5 years
- ☐ Observation Form
- ☐ Personal Statements
- ☐ Reference Letters-2

What's Next?

Wait to be contacted by the department. Please be patient; it can take several weeks for admission applications to be processed.

Once Accepted:

A condition of admission is based on completion and/or submission of the following:

- ☐ Proof of personal health insurance
- ☐ Passing a drug screening
- ☐ Physical examination
- ☐ Immunization record showing:
Completion of Hepatitis B Immunization series (may take up to 6 months), MMR, Tdap, TB, Varicella, Influenza (please note: a titer may be required for some of these immunizations)
- ☐ Cleared criminal background
- ☐ Attend mandatory program orientation

For more information, contact: sonography@alvincollege.edu or 281.756.5625

Admission steps are subject to change at any time.

Please visit <http://www.alvincollege.edu/admissions/getting-started-first-time-students.html> for the most up-to-date information.

Alvin Community College is an Equal Opportunity Institution. If you have a disability and need assistance or require special accommodations contact the Office of Disability Services at 281.756.3533 or ods@alvincollege.edu.

INFORMATION **SESSIONS**

If you are interested in the Diagnostic Cardiovascular Sonography Program (DCVS), please go to www.alvincollege.edu/dcvs for dates and instructions on how to attend information sessions.



DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY PROGRAM
APPLICATION FOR ADMISSION

FOR OFFICE USE (DO NOT WRITE IN THIS SPACE)

| | | |
|---|--|--|
| App rec'd _____ / _____ / _____ | Information Session _____ / _____ / _____ | Hep B _____ / _____ / _____ |
| HESI A2 Score _____ <small>Cumulative Reading</small> | Prerequisite Final Grades: _____ <small>MATH PHYS A&P I A&P II</small> | Observations: _____ / _____ / _____ <small>AE PE Vascular</small> |

Please check the degree option you are applying for: ☐ AAS Degree ☐ ATC

Please check the specialty you are interested or rank in order of preference 1-2-3:

☐ Adult Echocardiography ☐ Vascular Sonography

(Please print in ink or type)

Last Name _____ ACC Student ID# _____

First Name _____ Middle Name _____

Suffix (Jr., II, etc) _____ Other last names you have had _____

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

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

Mobile phone # (_____) _____ - _____ Work phone # (_____) _____ - _____

County of residence _____ E-mail _____

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

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

Citizenship: ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ International Student

PERMANENT RESIDENT ALIEN INFORMATION

Country of Citizenship _____ Resident Card Number _____

COLLEGES / UNIVERSITIES Are you currently enrolled in a college or university? ☐ YES ☐ NO

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

List courses currently enrolled in: _____

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

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

CREDENTIALS / LICENSES

| | | | | |
|------|------------------|------|-------|----------------|
| Type | Institution name | City | State | Dates attended |
|------|------------------|------|-------|----------------|

HEALTHCARE EXPERIENCE

| | |
|---------------------|-----------------------|
| Years of Experience | Area of Allied Health |
|---------------------|-----------------------|

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. _____

Legal signature of applicant

Date



DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY PROGRAM PERSONAL STATEMENT

1. Please explain in your own words why you wish to enroll in the DCVS Program.

2. Please describe why you have chosen a career in health care.



**DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY
PROFESSIONAL OBSERVATION FORM**

Student Name: _____

Date: _____

Please use this form to schedule and document your professional observation(s). Observations are required of each program applicant is applying to. Please be courteous and professional while in the class and lab. Dress professionally. **Return this form with your completed application.**

Call 281-756-5625 to Schedule Observation Hours

(Schedule well in advance, spots fill up quickly and are limited)

Scheduled Dates (write dates and times you are scheduled to observe)

Adult Echocardiogram
Vascular Sonography

Date: _____

Date: _____

Time: _____

Time: _____

Room: S107

Room: S141

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

Echo Faculty Signature: _____

Date: _____

Comments regarding student's attendance: _____

Vascular Faculty Signature: _____

Date: _____

Comments regarding student's attendance: _____

***Out of State Applicants: contact DCVS Department at 281-756-5625 or sonography@alvincollege.edu for 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



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** ☐ **or 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 | Poor | N/A | Comments |
|---|----------|---------------|---------|------|-----|----------|
| 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.

IV. Recommendation for Acceptance:

Strongly recommend
Recommend

Recommend with reservations as noted in the comment section
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, email to sonography@alvincollege.edu, or to the following address:

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