

# Diagnostic Cardiovascular Sonography



HEALTH

.....

## Application

Adult Echocardiography  
Pediatric Echocardiography  
Vascular Sonography



**Your College**  **Right Now**





# DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY

## ADULT ECHOCARDIOGRAPHY

### 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 three DCVS concentrations: Pediatric Cardiac, 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.

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](http://www.alvincollege.edu/DCVS)

**Phone:** 281.756.5625

**Email:** [sonography@alvincollege.edu](mailto:sonography@alvincollege.edu)

**Your College**  **Right Now**

Revised 7/19

## DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - ADULT ECHOCARDIOGRAPHY

Associate of Applied Science Degree – 65 credit hours

PROGRAM PREREQUISITES	CREDITS
<sup>P</sup> +BIOL 2401 - Anatomy & Physiology I	4
<sup>P</sup> +BIOL 2402 - Anatomy & Physiology II	4
<sup>P</sup> +ENGL 1301 - Composition I	3
<sup>P</sup> +PHYS 1401 - College Physics I <b>or</b> SCIT 1420 - Physics for Allied Health <b>or</b> <sup>P</sup> CTEC 1401 - Applied Petrochemical Technology	4
<sup>P</sup> +MATH 1314 - College Algebra <b>or</b> <sup>P</sup> +MATH 1332 - Quantitative Reasoning	3
<b>FIRST YEAR - FIRST SEMESTER (Summer 11 Week)</b>	
**DMSO 1210 - Introduction to Sonography	2
**DSAE 2303 - Cardiovascular Concepts	3
HPRS 1304 - Basic Health Profession Skills	3
<b>SECOND SEMESTER (Fall 16 Week)</b>	
CVTT 1161 - Clinical - Cardiovascular Technology	1
DSAE 1340 - Diagnostic Electrocardiography	3
**+Select from Social & Behavioral Sciences Core Curriculum	3
<b>THIRD SEMESTER (Spring 16 Week)</b>	
DMSO 1342 - Intermediate Ultrasound Physics	3
DSAE 1303 - Introduction to Echocardiography Techniques	3
DSAE 1360 - Clinical - DMST Intro to Echo	3
<b>SECOND YEAR - FIRST SEMESTER (Summer 11 Week)</b>	
DSAE 2304 - Echocardiography Evaluation of Pathology I	3
DSAE 2361 - Clinical - DMST Echo I	3
Select from Language, Philosophy & Culture Core Curriculum <b>or</b> Select from Creative Arts Core Curriculum	3
<b>SECOND SEMESTER (Fall 16 Week)</b>	
DSAE 2337 - Echocardiography Evaluation of Pathology II	3
DSAE 2461 - Clinical - DMST Echo III	4
<b>THIRD SEMESTER (Spring 16 Week)</b>	
DSAE 2335 - Advanced Echocardiography	3
*DSAE 2462 - Clinical - DMST Echo III	4
<b>DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - ADULT ECHOCARDIOGRAPHY (A.A.S.) DEGREE</b>	
	<b>65</b>

## DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - ADULT ECHOCARDIOGRAPHY

Advanced Technical Certificate – 37 credit hours

FIRST SEMESTER (Spring 16 Week)	CREDITS
**DMSO 1210 - Introduction to Sonography	2
DMSO 1342 - Intermediate Ultrasound Physics	3
DMSO 1303 - Introduction to Echocardiography Techniques	3
DSAE 1360 - Clinical - DMST Intro to Echo	3
<b>SECOND SEMESTER (Summer 11 Week)</b>	
**DSAE 2303 - Cardiovascular Concepts	3
DSAE 2304 - Echocardiography Evaluation of Pathology I	3
DSAE 2361 - Clinical - DMST Echo I	3
<b>THIRD SEMESTER (Fall 16 Week)</b>	
**DSAE 1340 - Diagnostic Electrocardiology	3
DSAE 2337 - Echo Evaluation of Pathology II	3
**DSAE 2461 - Clinical - DMST Echo II	4
<b>FOURTH SEMESTER (Spring 16 Week)</b>	
DSAE 2335 - Advanced Echocardiography	3
* **DSAE 2462 - Clinical - DMST Echo III	4
<b>DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - ADULT ECHOCARDIOGRAPHY (ADVANCED TECHNICAL CERTIFICATE)</b>	
	<b>37</b>

- + Denotes core requirement. Speak with Department Chair or Academic Advisor for proper course selection.
- <sup>P</sup> 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 February 15. The program begins each June during the first Summer 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 - PEDIATRIC ECHOCARDIOGRAPHY

Associate of Applied Science Degree – 65 credit hours

PROGRAM PREREQUISITES	CREDITS
<sup>P</sup> +BIOL 2401 - Anatomy & Physiology I	4
<sup>P</sup> +BIOL 2402 - Anatomy & Physiology II	4
<sup>P</sup> +ENGL 1301 - Composition I	3
<sup>P</sup> +PHYS 1401 - College Physics I <b>or</b> SCIT 1420 - Physics for Allied Health <b>or</b> <sup>P</sup> CTEC 1401 - Applied Petrochemical Technology	4
<sup>P</sup> +MATH 1314 - College Algebra <b>or</b> <sup>P</sup> +MATH 1332 - Quantitative Reasoning	3
<b>FIRST YEAR - FIRST SEMESTER (Summer 11 Week)</b>	
**DMSO 1210 - Introduction to Sonography	2
**DSAE 2303 - Cardiovascular Concepts	3
DSPE 2255 - Neonatal/Pediatric Patient Care Skills	2
HPRS 1304 - Basic Health Profession Skills	3
<b>SECOND SEMESTER (Fall 16 Week)</b>	
CVTT 1161 - Clinical - Cardiovascular Technology	1
DSAE 1303 - Intro to Echocardiography Techniques	3
DSAE 1340 - Diagnostic Electrocardiography	3
**+Select from Social & Behavioral Sciences Core Curriculum	3
<b>THIRD SEMESTER (Spring 16 Week)</b>	
DMSO 1342 - Intermediate Ultrasound Physics	3
DSPE 1265 - Practicum - DMST Intro to Pedi Echo	2
DSPE 1300 - Intro to Pedi Echo Techniques	3
<b>SECOND YEAR - FIRST SEMESTER (Summer 11 Week)</b>	
DSPE 2257 - Echo Eval of Congenital Heart Disease I	2
DSAE 2261 - Clinical - DMST Pediatric Echo I	2
Select from Language, Philosophy & Culture Core Curriculum <b>or</b> Select from Creative Arts Core Curriculum	3
<b>SECOND SEMESTER (Fall 16 Week)</b>	
DSPE 2249 - Echo Eval of Congenital Heart Disease II	2
DSPE 2461 - Clinical - DMST Echo II	4
<b>THIRD SEMESTER (Spring 16 Week)</b>	
DSPE 2259 - Advanced Pediatric Echocardiography	2
*DSPE 2462 - Clinical - DMST Pediatric Echo III	4
<b>DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - PEDIATRIC ECHOCARDIOGRAPHY (A.A.S.) DEGREE</b>	
	<b>65</b>

## DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - PEDIATRIC ECHOCARDIOGRAPHY

Advanced Technical Certificate – 23 credit hours

<b>FIRST SEMESTER (Spring 16 Week)</b>	
DSPE 1265 - Practicum - DMST Intro to Pedi Echo	2
DSPE 1300 - Intro to Pedi Echo Techniques	3
DSPE 2255 - Neonatal/Pediatric Patient Care Skills	2
<b>SECOND SEMESTER (Summer 11 Week)</b>	
DSPE 2257 - Echo Eval of Congenital Heart Disease I	2
DSAE 2261 - Clinical - DMST Pediatric Echo I	2
<b>THIRD SEMESTER (Fall 16 Week)</b>	
DSPE 2249 - Echo Eval of Congenital Heart Disease II	2
DSPE 2461 - Clinical - DMST Echo II	4
<b>FOURTH SEMESTER (Spring 16 Week)</b>	
DSPE 2259 - Advanced Pediatric Echocardiography	2
*DSPE 2462 - Clinical - DMST Pediatric Echo III	4
<b>DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - PEDIATRIC ECHOCARDIOGRAPHY (ADVANCED TECHNICAL CERTIFICATE)</b>	
	<b>23</b>

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

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\*\* May be taken prior to acceptance.

\* Capstone Course

## APPLICATION DEADLINE

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## \*PROGRAM COSTS

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## DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - VASCULAR SONOGRAPHY

Associate of Applied Science Degree – 65 credit hours

PROGRAM PREREQUISITES	CREDITS
<sup>P</sup> +BIOL 2401 - Anatomy & Physiology I	4
<sup>P</sup> +BIOL 2402 - Anatomy & Physiology II	4
<sup>P</sup> +ENGL 1301 - Composition I	3
<sup>P</sup> +PHYS 1401 - College Physics I <b>or</b> SCIT 1420 - Physics for Allied Health <b>or</b> <sup>P</sup> CTEC 1401 - Applied Petrochemical Technology	4
<sup>P</sup> +MATH 1314 - College Algebra <b>or</b> <sup>P</sup> +MATH 1332 - Quantitative Reasoning	3
<b>FIRST YEAR - FIRST SEMESTER (Summer 11 Week)</b>	
**DMSO 1210 - Introduction to Sonography	2
**DSAE 2303 - Cardiovascular Concepts	3
HPRS 1304 - Basic Health Profession Skills	3
<b>SECOND SEMESTER (Fall 16 Week)</b>	
CVTT 1161 - Clinical - Cardiovascular Technology	1
DSAE 1340 - Diagnostic Electrocardiography	3
**+Select from Social & Behavioral Sciences Core Curriculum	3
<b>THIRD SEMESTER (Spring 16 Week)</b>	
DMSO 1342 - Intermediate Ultrasound Physics	3
DSVT 1300 - Principles of Vascular Technology	3
DSVT 1360 - Clinical - DMST Introduction to Vascular	3
<b>SECOND YEAR - FIRST SEMESTER (Summer 11 Week)</b>	
DSVT 2330 - Cerebral Vascular Evaluation of Pathology	3
DSVT 2361 - Clinical - DMST Vascular I	3
Select from Language, Philosophy & Culture Core Curriculum <b>or</b> Select from Creative Arts Core Curriculum	3
<b>SECOND SEMESTER (Fall 16 Week)</b>	
DSVT 2318 - Peripheral Vascular Evaluation of Pathology	3
DSVT 2461 - Clinical - DMST Vascular II	4
<b>THIRD SEMESTER (Spring 16 Week)</b>	
DSVT 2335 - Advanced Vascular Technology	3
*DSVT 2462 - Clinical - DMST Vascular III	4
<b>DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - VASCULAR SONOGRAPHY (A.A.S.) DEGREE</b>	
	<b>65</b>

## DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - VASCULAR SONOGRAPHY

Advanced Technical Certificate – 37 credit hours

FIRST SEMESTER (Spring 16 Week)	CREDITS
DMSO 1210 - Introduction to Sonography	2
DMSO 1342 - Intermediate Ultrasound Physics	3
DSVT 1300 - Principles of Vascular Technology	3
DSVT 1360 - Clinical - DMST Introduction to Vascular	3
<b>SECOND SEMESTER (Summer 11 Week)</b>	
**DSAE 2303 - Cardiovascular Concepts	3
DSVT 2330 - Cerebral Vascular Evaluation of Pathology	3
DSVT 2361 - Clinical - DMST Vascular I	3
<b>THIRD SEMESTER (Fall 16 Week)</b>	
DSAE 1340 - Diagnostic Electrocardiography	3
DSVT 2318 - Peripheral Vascular Evaluation of Pathology	3
DSVT 2461 - Clinical - DMST Vascular II	4
<b>FOURTH SEMESTER (Spring 16 Week)</b>	
DSVT 2335 - Advanced Vascular Technology	3
*DSVT 2462 - Clinical - DMST Vascular III	4
<b>DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY - VASCULAR SONOGRAPHY (ADVANCED TECHNICAL CERTIFICATE)</b>	
	<b>37</b>

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# INFORMATION **SESSIONS**

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If you are interested in the Diagnostic Cardiovascular Sonography Program (DCVS) please attend one of the following information sessions to ensure you have the most current program information and application.

## **WEDNESDAYS**

**March 25**

**June 17**

**September 2**

All sessions will be held **virtually at 3:00 pm** - email [sonography@alvincollege.edu](mailto:sonography@alvincollege.edu) with your name and date you would like to attend and a link to the session will be emailed to you.



# Diagnostic Cardiovascular Sonography

Associate of Applied Science Degree



**Your College > Right Now**

**Application Deadline:** February 15

**Program Start:** Summer Semester

## Start Here

If you are new to ACC, apply online at: **[www.applytexas.org](http://www.applytexas.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.*

- ☐ ENGL 1301 - Composition I
- ☐ BIOL 2401 - Anatomy & Physiology I
- ☐ BIOL 2402 - Anatomy & Physiology II
- ☐ MATH 1314 - College Algebra
- ☐ PHYS 1401 - College Physics I or any 4-credit college level or applied Physics including SCIT 1420 or CTEC 1401

## Schedule Observations

*All applicants are required to observe 2 hours of each area: Adult Echocardiography, Pediatric Echocardiography or Vascular Sonography.*

- ☐ Call **281.756.5625** to schedule

## Attend an Information Session

*All applicants are required to attend an information session.*

- ☐ Go to: **[www.alvincollege.edu/DCVS](http://www.alvincollege.edu/DCVS)** for upcoming information session dates

## Submit Application

- ☐ Application Packets: **[www.alvincollege.edu/DCVS](http://www.alvincollege.edu/DCVS)**
- ☐ Bring your completed application to **S108** or mail to:  
**Alvin Community College**  
**Attn: Diagnostic Cardiovascular Sonography**  
**3110 Mustang Rd, Alvin, TX 77511**

## Include with Your Application

- ☐ Immunization record showing at least 2 or 3 shots completed in Hepatitis B series
- ☐ Completed HESI A2 exam within the last 5 years
- ☐ Observation form
- ☐ Personal statements
- ☐ Reference letters
- ☐ Current CPR Certification

## What's Next?

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

## If Accepted?

A condition of admission is based on completion and/or of 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, and Influenza (please note: a titer may be required for some of these immunizations)
- ☐ Cleared criminal background
- ☐ Attend program orientation

**For more information, contact:** [sonography@alvincollege.edu](mailto: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.

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**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>COMP I      MATH      PHYS      A&amp;P I      A&amp;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    ☐ Pediatric 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 all courses in which you are currently enrolled: \_\_\_\_\_

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

School name/city/state	Major & Degree earned	Dates attended
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**CREDENTIALS / LICENSES**

Type	Institution name	City	State	Dates attended
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**HEALTHCARE EXPERIENCE**

Years of Experience	Area of Allied Health
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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 PROFESSIONAL OBSERVATION FORM

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please use this form to schedule and document your professional observation. Completion of all 6 hours of observation is **required** for admittance to the DCVS Program (two hours per specialty). 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	Date: _____	Time: _____	Room: S107
Pediatric Echocardiogram	Date: _____	Time: _____	Room: S107
Vascular Sonography	Date: _____	Time: _____	Room: S141

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: \_\_\_\_\_

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

**\*Out of State Applicants: contact DCVS Department at 281-756-5625 or [sonography@alvincollege.edu](mailto: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.

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Applicant Signature

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Date

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Lab Instructor

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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.

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**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 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**