



DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

ABDOMEN, OBSTETRICS AND GYNECOLOGY AND VASCULAR CONCENTRATIONS

ADMISSION APPLICATION 2025 ENROLLMENT

Applicant Name: _____
Last First Middle Initial

Criminal History Notice

The American Registry of Diagnostic Medical Sonography may deny eligibility to write the certification exam to individuals who have been convicted of a felony or a misdemeanor or who has or had a professional license suspended, revoked or surrendered for disciplinary reasons.

Non-Discrimination Statement

The Ascension St Vincent College of Health Professions provides equal opportunity to all applicants. The Program is selective in its admissions practices and evaluates applicants based on merit without discrimination on the basis of age, race, religion, creed, color, national origin, marital status, gender, disability, veteran status, sexual orientation, or any other legally protected status.

**** Applications will be accepted only between November 1 and January 31 ****

Application Reminders!

Please read the following reminders carefully if you are planning to apply to the Diagnostic Medical Sonography Program. This information is extremely important so applicants can be sure to have a complete application prior to the application deadline.

General Reminders

- If an applicant plans to apply to both the Cardiac Sonography Program and the Diagnostic Medical Sonography Program, be sure to fill out separate applications for each program. The applicant will also need to include two application fees and two narrative essays. Only one set of transcripts need to be sent to the program director, Ashlie Munchel.
- Please submit **ALL** application materials together in one envelope. This keeps your application materials together and helps prevent one item from getting misplaced. Transcripts are the **ONLY** application requirement that may be submitted electronically.
- Applications being dropped off in person may be left at the radiology desk right inside entrance 3 at the main Ascension St. Vincent Indianapolis Hospital at 2001 W. 86th Street. Make sure that ALL application materials are included in one envelope and the outside of the envelope is clearly labeled with the following: Ashlie Munchel, Sonography Program Director. Applications are only accepted November 1, 2024 through January 31, 2025. Please submit a courtesy email to ashlie.munchel@ascension.org letting her know that you have dropped off your application at the radiology desk right inside entrance 3.
- If application documents are being mailed, the program recommends mailing your documents no later than **14 days prior to the deadline**. Parcel tracking is also recommended. All application materials must be in the hands of the program director by the end of business on January 31, 2025.

Transcripts

- If you took dual credit courses in high school and received college credit, please send the college transcript that reflects those credits earned.
- Send **ALL** college transcripts from any regionally accredited college or university that you have ever attended. This includes college transcripts that are older and that may not reflect any prerequisite courses that you have taken. It is preferred for transcripts to be sent electronically to Ashlie Munchel at Ashlie.munchel@ascension.org. We cannot accept transcripts that are issued to student or are not in a sealed envelope, if not sending electronically.

- If the applicant is taking prerequisite courses in the fall of 2024, please do not submit your transcripts until after those courses are complete. It takes a couple of weeks for those grades to be reflected on the transcript. The grades for the prerequisite courses will need to be reflected on the transcript or you will be asked to send the transcript again.

Pre-Admission Conference

- Any applicant applying to the Diagnostic Medical Sonography Program **MUST** attend an in-person Pre-Admission Conference. If you are applying to the program that starts in June of 2025, the dates are December 4th, 2024, January 7th, 2025 and January 21st, 2025. For additional information about the Pre-Admission Conference, please reference the website (www.stvincent.org/sonography).

Current Class Schedule

- If an applicant does not have all of the prerequisite courses completed at the time the application is turned in, please include a copy of your class schedule showing proof that you are currently enrolled in the prerequisite courses. In order for your application to be complete, the program will need to see proof that the applicant is enrolled in any prerequisite course that is not already complete at the time the application is submitted.

Application Fee

- **The program is NOT able to accept cash.** Please send a money order, cashier's check or personal check made out to Ascension Sonography Program. Please make sure you sign the money order and that all required information is filled out.

For a complete application you must include...

- Application
- Application Fee \$40- **NOT CASH**. Money order or personal check ONLY.
- Narrative
- ALL** Transcripts sent to Ashlie Munchel at Ashlie.munchel@ascension.org
- Mark your calendar to attend the Mandatory Pre-Admission Conference
- Copy of class schedule if prerequisite courses are not complete when submitting application

ACADEMIC DEGREE HISTORY

*Official transcripts must be sent from each institution attended;
List the most recent colleges first (use additional sheets if needed)*

Do you currently have **any** academic degree (associate, bachelors, masters, etc.)
in **any** discipline?

If yes...

Degree _____
Institution: _____
Date earned: _____

If not, will you have earned **any** academic degree (associate, bachelors, masters, etc.)
in **any** discipline by **June 1** of 2025?

If yes...

Degree _____
Institution: _____
Date to be earned: _____

COLLEGES ATTENDED

** If you are currently enrolled in classes, please include a current class schedule **

College / School: _____

City & State _____

Dates of Attendance: _____ Major _____

College / School: _____

City & State _____

Dates of Attendance: _____ Major _____

College / School: _____

City & State _____

Dates of Attendance: _____ Major _____

College / School: _____

City & State _____

Dates of Attendance: _____ Major _____

ADMISSION REQUIREMENTS

Below is a summary of the academic requirements for the program. Complete the appropriate areas.

To be accepted in the program, the applicant must meet the following requirements:

1. Be 18 years of age by June 1 of the year applying for enrollment.
2. Have a minimum college GPA of 2.50 (4.00 scale) on **all** college academic work.
3. Complete at least **3** credit hours in **Algebra, Statistics or Higher Mathematics** courses by **June 1** of the enrollment year.

Course Title	Course Number	Credits	College	Semester & Year
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4. Complete at least **3** credit hours in **Communication** courses by **June 1*** of the enrollment year.

Course Title	Course Number	Credits	College	Semester & Year
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5. Complete at least **3** credit hours in **General Physics and/or Radiographic Physics** courses by **June 1** of the enrollment year.

Course Title	Course Number	Credits	College	Semester & Year
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6. Complete at least **5** credit hours in **Human Anatomy and Physiology** courses by **June 1** of the enrollment year.

Course Title	Course Number	Credits	College	Semester & Year
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Course Title	Course Number	Credits	College	Semester & Year
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7. Complete at least **1** credit hours in **Medical Terminology** courses by **June 1** of the enrollment year.

Course Title	Course Number	Credits	College	Semester & Year
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8. The above coursework must be from institutions that are ABHES or regionally accredited. See <https://www.chea.org/regional-accrediting-organizations> for a list of regional agencies.

9. All the above courses must be completed with a letter grade of "C" or higher. In cases where a letter grade is not assigned, the program will only accept any course graded as "P", "S", or other such institutional designation as evidence the course was successfully completed as passing.

10. Complete a narrative essay that is signed and dated addressing the following:
 - a. Explain why you want to be a general and/or vascular sonographer

 - b. Describe what you believe are essential traits of a diagnostic medical sonographer

 - c. List and explain your long-term career goals

EMPLOYMENT HISTORY

** Please list the most recent first **

Name of Company _____

Address (City, State & Zip) _____

Starting Date: _____

Termination Date: _____

Type of Business _____

Telephone _____

Position Held _____

Supervisor _____

Briefly describe your job responsibilities _____

Reason for Termination _____

Name of Company _____

Address (City, State & Zip) _____

Starting Date: _____

Termination Date: _____

Type of Business _____

Telephone _____

Position Held _____

Supervisor _____

Briefly describe your job responsibilities _____

Reason for Termination _____

Name of Company _____

Address (City, State & Zip) _____

Starting Date: _____

Termination Date: _____

Type of Business _____

Telephone _____

Position Held _____

Supervisor _____

Briefly describe your job responsibilities _____

Reason for Termination _____

ATTESTATION OF HIGH SCHOOL GRADUATION/GED

By my signature below, I state that I am a high school graduate or have completed by General Education Development (GED) test or graduated from the equivalent of a high school from another country.

STATEMENT OF TRUTH

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for immediate removal from consideration of admission or dismissal from the program if already admitted. I authorize the employment references listed herein to release to you any and all pertinent information concerning my previous employment. I authorize the academic references listed herein to release to you any and all pertinent information concerning my previous enrollment in the institution. I further agree to release all parties from all liability from damage that may result from furnishing said information to you. I acknowledge that I have been made aware The American Registry for Diagnostic Medical Sonography may deny eligibility to take the certification exam for individuals who have been convicted of a felony or a misdemeanor or had a professional license or certification revoked or suspended. I further acknowledge I have reviewed information regarding the Essential Functions and Skills individuals need to possess to be successful in the Sonography Program and as sonographers online at www.stvincent.org/sonography.

Signed _____

Date _____

Send all application materials to:
Ashlie Munchel
Sonography Program Director
Ascension St. Vincent Indianapolis Hospital
8402 Harcourt Road
Suite 210
Indianapolis, IN 46260

**** Candidates are encouraged to submit their application materials as soon as possible.**

It is critical for you to read the application reminders on page two of the application prior to submitting application.