



## Diagnostic Medical Sonography Program Application Checklist

- Clark State College application
- DMS program application
- Submission confirming healthcare experience (if applicable) via the DMS program application
- Transfer transcripts (if applicable)
- Signed certification of ability to meet technical standards
- Volunteer Hours

### Choose One

- Observation Hours

*or*

- Interview with a Sonographer or Interpreting Physician

- All required documentation can be found on the DMS program webpage.
- All required documentation should be submitted on the program application or before submitting the program application, unless prior approval is obtained from the DMS Program Coordinator.

### More Information:

Please contact Megan Platfoot, Assistant Professor and Program Coordinator, at [platfootm@clarkstate.edu](mailto:platfootm@clarkstate.edu) or 937-328-7970.



# Program Application Process

All applicants accepted into the Diagnostic Medical Sonography program must be able to meet the essential functions, skills, and abilities required to provide safe patient practice with or without reasonable accommodations. In addition to completing the standard procedures for admission to the college, students must apply to the DMS program separately. Students must be 18 years or older for admission into the DMS program.

Students must have completed or be enrolled in courses in spring semester of the application year to complete the following academic requirements and be eligible to apply to the Diagnostic Medical Sonography Program:

- A grade of C or higher in a college level physics course (PHY 1100 Fundamentals of Physics or its equivalent within five years of beginning DMS coursework).
- A grade of C or higher in a college level composition course (ENG 1111 English I or its equivalent).
- A grade of C or higher in a college level Anatomy and Physiology course (BIO 2121 Anatomy and Physiology I or its equivalent within five years of beginning DMS coursework).
- A grade of C or higher in a college level mathematics course (STT 2640 Elementary Statistics I or its equivalent within five years of beginning DMS coursework).
- A combined GPA of 2.5 in the above required curricular courses.

In order to be accepted into the Diagnostic Medical Sonography courses, students must maintain the required cumulative grade point average in the required courses in the curriculum. At Clark State, progression in healthcare programs requires course grades of C or higher.

In addition to the academic requirements above, students are required to complete volunteer community service hours and choose one of the options below to be completed prior to application submission:

## **VOLUNTEER HOUR REQUIREMENT**

Before submitting their application, students must complete at least four volunteer hours at a facility of their choosing and document them using the volunteer form available in this packet. The completed form should be emailed to [DMSprogram@clarkstate.edu](mailto:DMSprogram@clarkstate.edu) on or before program application submission.

## **OBSERVATION HOURS OR INTERVIEW REQUIREMENT**

### **Option 1: Observation hours**

Complete 4 hours of observation in a hospital-based sonography department. Observation must be documented on the student observation form, found in this packet. The completed form must be scanned and emailed to [DMSprogram@clarkstate.edu](mailto:DMSprogram@clarkstate.edu) on or before program application submission.

### **Option 2: Interview with a Sonographer**

Students are required to interview a sonographer or interpreting physician using the student interview form in this packet. The completed form must be emailed to [DMSprogram@clarkstate.edu](mailto:DMSprogram@clarkstate.edu) on or before program application submission.



# Diagnostic Medical Sonography Program Technical Standards

## **ESSENTIAL FUNCTIONS, SKILLS AND ABILITIES**

The Clark State College Diagnostic Medical Sonography program has technical standards required of students. Technical standards refer to the physical, communication, mental, behavioral and social abilities required for satisfactory completion of the directed practice courses. These abilities are needed to ensure patient safety, provide accurate diagnostic information and function as a professional sonographer in the classroom, laboratory and clinical settings.

Clark State's DMS program is committed to attracting and educating students who will make the population of DMS professionals' representative of the national population. We actively collaborate with students to develop innovative ways to ensure accessibility and create a respectful accountable culture through our confidential disability accommodation process. We encourage students with disabilities to disclose and seek accommodations. All students must be able to meet the technical standards, with or without reasonable accommodations, as a condition of participation in the DMS program. Students should be aware that an accommodation that has been approved as reasonable for classroom instruction may not be reasonable in a clinical instruction. If a student is in need of reasonable accommodations for clinical, they should request those accommodations through the Office of Accessibility Services at least 1 week prior to the start of clinical. The DMS program faculty will work with the Office of Accessibility Services to determine if the student can be reasonably accommodated during clinical instruction and meet the technical requirements of the DMS program. Faculty will implement classroom and/or clinical accommodations after the student submits the approved OAS accommodation letter to the faculty member.

## **PHYSICAL REQUIREMENTS**

- Able to be in one place for long periods of time, move frequently and maneuver equipment and stretchers in a dimmed room
- Understand information crucial for the safe, effective care and treatment of patients
- Communicate with patients to assess their needs and discuss patient evaluation with other healthcare providers
- Perform fine and gross motor skills with both hands
- Observe and assess changes in patient conditions
- Discriminate shades of gray and color distinction and assess images in two- and three-dimensional planes
- Ability to observe patients, manipulate equipment and evaluate sonographic quality
- Lift up to 50 lbs. and support 175 lbs. to ensure patient safety
- Transfer patients to and from wheelchairs, stretchers or beds

## **COMMUNICATION REQUIREMENTS**

- Exhibit effective interpersonal skills with patients, fellow students, faculty and members of a health care team
- Assess non-verbal communication of patients
- Comprehend and respond to instructions and requests
- Converse with patients in an empathetic, ethical and confidential manner
- Understand and convey information essential for the safe and effective care of patients

## **MENTAL REQUIREMENTS**

- Think abstractly, comprehend three-dimensional relationships and understand spatial relationships
- Measure, calculate, rationalize, analyze, integrate and synthesize according to established procedure and standards of speed and accuracy
- Make appropriate decisions in routine and emergency situations, and in situations not clearly governed by set procedures

## **BEHAVIORAL AND SOCIAL REQUIREMENTS**

- Demonstrate good judgment in decision making
- Complete responsibilities related to diagnosis and care of patients without risk to self or others
- Follow established protocols
- Develop mature, sensitive and effective relationships with patients and others
- Function effectively under stress and adapt to changing environments
- Tolerate mentally and emotionally taxing workloads
- Display integrity, compassion, equity, and concern for others
- Exhibit professional skills at all times in the clinical and didactic setting
- Demonstrate respect for diverse populations
- Display the emotional/psychological ability to effectively perform the duties of a sonographer

**The work of a sonographer involves risks or discomfort that requires special safety precautions, additional safety education, and health risk monitoring (i.e., infectious disease). Students are required to use protective clothing or gear such as masks, protective eyewear, gloves and gowns.**

## **STUDENTS WITH DISABILITIES**

If you need course adaptations or accommodations because of a disability, contact the Office of Accessibility Services at 937-328-6019 or [accessibility@clarkstate.edu](mailto:accessibility@clarkstate.edu). Although a student's self-identification as a person with a disability is voluntary, the DMS program will only accommodate those who present an accommodation letter approved by the Clark State Office of Accessibility Services.



## Diagnostic Medical Sonography Program Certification of Ability to Meet Technical Standards

I have read and understand the Diagnostic Medical Sonography Program Technical Standards. I am able to meet these technical standards with or without reasonable accommodations. If reasonable accommodations are required, I will contact the Office of Accessibility Services at 937-328-6019 or [accessibility@clarkstate.edu](mailto:accessibility@clarkstate.edu) prior to the start of the program. Upon notification from the Office of Accessibility Services, I will provide DMS program faculty with documentation for all approved accommodations.

**Name (Print):** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**Name (Sign):** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you are unable to determine whether you are able to meet the technical standards with or without reasonable accommodations, or if you require additional information before signing this certification, please contact Megan Platfoot, Assistant Professor, at [platfootm@clarkstate.edu](mailto:platfootm@clarkstate.edu).



# Diagnostic Medical Sonography Program Observation Form

## INSTRUCTIONS:

1. This is a medical facility, please act professionally.
2. Please respect patient's rights and privacy at all times.
3. A minimum of four observation hours are required.
4. Ask questions. It's the best way to understand our profession.
5. Please dress appropriately for a hospital atmosphere. No jeans, sweatpants, miniskirts or open-toed shoes. Wear comfortable walking shoes.
6. Do not use your cell phone while observing.
7. Do not bring family members or friends with you to the observation experience.
8. All observations must be completed within 12 months of applying to the program.
9. Upon completion, please scan the completed form and email to [DMSprogram@clarkstate.edu](mailto:DMSprogram@clarkstate.edu).
10. Submit this form when submitting your application for the Diagnostic Medical Sonography Program.

## PROSPECTIVE SONOGRAPHY STUDENT:

I, \_\_\_\_\_, have read the above instructions and agree to all conditions. My signature below indicates agreement and understanding to abide by all policies and procedures of the facility where my observation experience will take place. I understand this experience may be discontinued at the discretion of the facility or college for any reason at any time. In addition, Clark State College and the healthcare facility are released from any and all responsibility regarding any accident, incident or injury that might occur during my observation experience.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SONOGRAPHER:

The individual named above has completed \_\_\_\_\_ hours of observation in our sonography department.

**Date(s) hours of observation were completed:** \_\_\_\_\_

**Sonographer Name:** \_\_\_\_\_

**Sonographer Signature:** \_\_\_\_\_

**ARDMS #:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Department Phone Number:** \_\_\_\_\_

**Please list the exams observed:**

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



# Diagnostic Medical Sonography Program Observation Evaluation Form

**FOR THE APPLICANT:**

Please have this form filled out by the registered sonographer you observed with the most during your experience. By signing this form, you are authorizing the individual permission to complete an evaluation of you. This evaluation will become part of your program application and will remain confidential.

**Applicant Name (please print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR THE EVALUATOR:**

Thank you for allowing this prospective applicant the opportunity to observe in your imaging department. Your input is a valuable part of our selection process. This form is intended to be turned in via email to DMSprogram@clarkstate.edu by the evaluator or the student. If you prefer to submit the form yourself, please submit to the DMS program within 48 hours of completion.

**Please rate the prospective applicant in the following areas using the defined grading scale:**

4 = Superior, 3 = Good, 2 = Average, 1 = Poor, 0 = unacceptable

<b>CHARACTERISTIC:</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Ability to learn:</b> they learned rapidly and information did not need to be repeated					
<b>Attitude:</b> they were positive, energetic and inquisitive					
<b>Communication:</b> they communicated clearly and effectively					
<b>Concern for patients:</b> they were considerate and thoughtful of patients and their needs					
<b>Initiative:</b> they actively sought out details about the profession and asked questions					
<b>Judgement:</b> they used common sense when applicable and made educated decisions					
<b>Motivation:</b> they appeared enthusiastic and eager					
<b>Professional behavior:</b> their behavior was appropriate at all times					
<b>Punctuality:</b> they arrived at the designated time					
<b>Responsibility:</b> they appeared responsible throughout shadowing					
<b>Self-confidence:</b> they displayed confidence and maturity					

**Additional comments:**

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

**Overall, would you recommend this prospective applicant?**

Yes  No

**Sonographer Name (please print):** \_\_\_\_\_

**Sonographer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For additional comments and concerns about this student,** please email Megan Platfoot, Assistant Professor, at platfootm@clarkstate.edu.



# Diagnostic Medical Sonography Program Student Interview with a Sonographer

## INSTRUCTIONS:

1. The interview must be conducted with a registered sonographer or a physician who interprets ultrasound studies. Be sure to include the interviewee's full name and professional credentials.
2. Please act professionally and courteous when performing the interview.
3. The interview must be completed within 12 months of applying to the program.
4. Use the space below to document interview answers. If more space is required, you may continue on a separate sheet of paper. Please label all additional pages clearly.
5. Upon completion, please scan the completed form and email to [DMSprogram@clarkstate.edu](mailto:DMSprogram@clarkstate.edu).
6. Submit this form when submitting your application for the Diagnostic Medical Sonography Program.

## STUDENT INFORMATION:

First and Last Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

## SONOGRAPHER'S INFORMATION:

First and Last Name: \_\_\_\_\_

Professional Credentials: \_\_\_\_\_

## INTERVIEW QUESTIONS:

1. Why did you choose to work in sonography?

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2. What does a typical work day look like?

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3. What is your favorite part of working in sonography

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4. What advice do you have for someone wanting to pursue a career in healthcare?

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**CREATE THREE ADDITIONAL QUESTIONS TO ASK THE HEALTHCARE WORKER YOU ARE INTERVIEWING.**

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Diagnostic Medical Sonography Program Volunteer Hours Form

### INSTRUCTIONS:

1. Please act professionally and be courteous.
2. All volunteer hours must be completed within 12 months of applying to the program.
3. A minimum of four hours are required.
4. Upon completion, please scan the completed form and email to [DMSprogram@clarkstate.edu](mailto:DMSprogram@clarkstate.edu).

### STUDENT INFORMATION:

First and Last Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

### VOLUNTEER HOURS:

The individual named above has **completed** \_\_\_\_\_ **volunteer hours** at the organization noted below.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Please describe the volunteer work that was done: \_\_\_\_\_

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### SUPERVISOR'S INFORMATION:

Supervisor's First and Last Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*By signing this form you acknowledge the student has completed the volunteer hours described above.*

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For additional comments about this student, please email Megan Platfoot, Assistant Professor at [platfootm@clarkstate.edu](mailto:platfootm@clarkstate.edu).

**Clark State College – Diagnostic Medical Sonography  
2026 Competitive Admission Scoring Rubric**

The DMS Program Admissions Committee reserves the right to determine and calculate rubric scores. Required forms are available on the DMS Program webpage. All application materials must be submitted by the stated deadline.

Applicant Name:	Student ID#:	
Criteria	Possible Points	Applicant's Points
GPA in the required prerequisite courses in the DMS curriculum: PHY 1100 BIO 2121 STT 2640 ENG 1111	2.50-2.74 = 1 2.75-3.00 = 2 3.01-3.24 = 3 3.25-3.50 = 4 3.51-3.74 = 5 3.75-4.00 = 6	
Points for submitting the Technical Standards Certification form prior to the application deadline	Submitted = 1	
Points for submitting the Student Sonographer Interview form <b>or</b> Observation Hours form prior to the application deadline	Submitted = 1	
Points for submitting the Volunteer Hours form prior to the application deadline	Submitted = 1	
Points for successful completion of: PHY 1100 BIO 2121 STT 2640 ENG 1111 at Clark State College with a grade of C or higher. Must be the course used to calculate GPA in the rubric.	2 courses = 1 4 courses = 2	
Documented healthcare experience in the past two years of the application deadline.	Submitted = 1	
<b>Total Points</b>		/12