



Merced College
Diagnostic Medical Sonography Program
2024 Sample Application



Diagnostic Medical Sonography Program Application

Introduction	<i>Diagnostic Medical Sonography Program Application</i>	<i>Entrance Requirement</i>	<i>Prerequisites</i>	<i>Life Experiences</i>
<i>Acknowledgement of Student Responsibilities</i>				

Thank you for your interest in Merced College's Diagnostic Medical Sonography Program.

Visit [How to Apply on the Program homepage](#) for more information, including deadlines.

All applications submitted during the application window will be reviewed at a later date. If it is determined minimum requirements have not been met or an incomplete application packet is submitted, the applicant will not be considered for the selection process. Incomplete applications will be disqualified.

Enrollment will be based on a first-come, first-serve basis with the FIRST eight (8) qualifying applicants accepted for the class beginning Fall 2024.

Merced College faculty, counselors and staff are not responsible for the completeness of your application. You are solely responsible for following directions.

Important Notice: Students must adhere to clearance requirements in order to be accepted into, and continue enrollment in, Allied Health Programs' clinical courses. Requirements include: background checks, drug screenings, vaccinations and boosters (for example, COVID-19). Merced College Allied Health Programs do not accept religious nor medical exemptions.

*

I acknowledge that I have read the above information.

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Year you are applying for

2024

Merced College ID *

(i.e. 0001234)

Last Name *

First Name *

M.I.

Former
(?)

Mailing Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Telephone # *

Merced College Email *

Personal Email *

(The one you check most often. Personal emails are considered yahoo, gmail, etc. and NOT associated with your job, Merced College, or another school).

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Did you complete an Associate of Science Professional degree in either Radiologic Technology, Registered Nursing, Nuclear Machine, Respiratory Therapy or Paramedic. Only these programs are acceptable. You must be licensed at the time of application. *

- Yes
- No

If Yes Which of the listed programs did you complete? *

Did you complete a Bachelor's Degree or Higher education? *

- Yes
- No

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All prerequisites must be completed and grades must be demonstrated on transcripts prior to applying. "In progress" prerequisites will NOT be accepted. All prerequisites must be completed with a "C" or higher and grades demonstrated on transcripts prior to applying. Combined GPA on prerequisites must be a 2.35 or higher.

Have you completed the required prerequisites?*

- Yes
- No

Did you complete the prerequisite courses with a grade of "C" or higher?*

- Yes
- No

Prerequisite Courses and Course Equivalency Verification

If your course is NOT listed on the [Grid of Comparable Prerequisite Courses](#), you must make an appointment with an ALLIED HEALTH Counselor (call 209-381-6478 or email ecounselor@mccd.edu) to verify equivalency.

Official transcript(s) from other colleges/universities must be sent directly to the Merced College Admissions & Records office by deadline posted on the [DMS website](#), no exception.

If you need your course(s) verified for equivalency, fill out the [Equivalency Verification Form](#).

If you completed all prerequisite classes at Merced College or if your classes are listed on the [Grid of Comparable Prerequisite Courses](#), you do not need to complete this form, nor do you need a counselor's signature.

Upload Equivalency Verification Form

Upload, or Drag into this Area to attach documents

ALLH-67	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
BIOL-16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
BIOL-18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
ENGL-1A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
MATH-26	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>

(or

equivalent

course)

PHYS-10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
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Total Course Unit Value

Total Grade Point Value

Total Grade Points

Total GPA

Total from Equivalency Verification Form

Continued on next page



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Transcripts

All applicants are required to upload transcript(s) with their application. Transcripts must include all work shown as completed on the application. An application that is not completely filled out and/or does not have all transcripts submitted by the application deadline will be considered incomplete.

Upload a copy of your unofficial transcript from Merced College. You can login to your [Merced College Self-Service](#) account to download a PDF of your unofficial transcript (coming soon).

Upload a copy of your official transcript(s) from all other colleges/universities. We understand that once you open the copy, it becomes unofficial. This will be accepted for this application.

Upload Copy of Transcripts *

Upload, or Drag into this Area to attach documents

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Describe three personal characteristics that will make you an effective and successful sonographer.*

500 Character limit

Describe previous experiences or skills that will enable you to be an effective and successful sonographer.*

500 Character limit

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I have read all of the material contained on the Diagnostic Medical Sonography Program "How to Apply" website.

I understand it is my responsibility to meet program prerequisites, ensure equivalency, follow proper application procedures, provide transcripts, and stay informed of revisions regarding degree requirements, program requirements, and selection process.

I understand that enrollment will be based on a first-come, first-serve basis with the FIRST eight (8) qualifying applicants accepted for the class beginning Fall 2024.

I understand that if I submit an application that is incomplete, or does not meet program prerequisites/application requirements, I will be disqualified.

I understand that if I am selected by the program, failure to notify the Allied Health Office of my acceptance or declination in the allotted time given, constitutes grounds to assign my position to the next qualifying applicant.

I understand if I decline acceptance into the program I may apply at a later application cycle.

I understand that general education requirements for the Certificate of Completion are subject to change with the publication of each year's new Merced College school catalog.

I understand Merced College reserves the right to revise Program Prerequisites and/or Selection Procedures.

I understand that if I am dismissed from the program, I will not be eligible for re-admittance into the program.

Students must adhere to clearance requirements in order to be accepted into, and continue enrollment in, Allied Health Programs' clinical courses. Requirements include: background checks, drug screenings, vaccinations and boosters (for example, COVID-19). Merced College Allied Health Programs do not accept religious nor medical exemptions.

Upon acceptance into the Diagnostic Medical Sonography Program, you must meet ALL CURRENT requirements.

Limitations on Enrollment/Requirements: COVID -19 vaccine/booster, Tdap, MMR, HEP B, Varicella, Current Flu Vaccine, Negative TB Test or Negative Chest X-Ray, CPR Certification (American Heart Association - BLS), Physical, criminal background and drug screening clearances. Additional immunizations, drug screenings and background checks may be required throughout the program for clinical rotations.

Further information will be provided at the MANDATORY orientation.

Failure to attend the orientation or to provide required documentation by deadlines may cancel admission to the program.

I acknowledge that I have read and agree to above statement.

Review

I certify that all information provided in connection with this application is true, correct and complete. Providing false information or omitting required information is fraud and grounds for denial of enrollment or immediate expulsion from the Merced College Diagnostic Medical Sonography Program.

Signature*

Date

Date will be captured on form submission

Be sure to include all necessary documentation; multiple submissions will not be allowed. No exceptions.

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Submit

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