



Ultrasound Program Application

(please type or print legibly)

Please check the program for which you are applying:

- General Sonography
 Cardiovascular Sonography

Name _____
Last First Middle initial last 4 of SS#

Address _____
Street

City State Zip

Primary contact number _____ () cell () home
Secondary contact number _____ () cell () home

Email address _____

Person to contact in case of emergency

name telephone number

Secondary college information

please list all colleges attended beginning with the most recent

College

name location

degree year obtained GPA

College

name location

degree year obtained GPA

College

name		location
degree	year obtained	GPA

Prerequisite courses – must be taken within 5 years of start date of sonography program

Please check if you have taken the following:

- () Anatomy and Physiology I
- () Anatomy and Physiology II
- () Medical Terminology

References

please list 3 references that can attest to your work ethic and people skills, include their relationship to you and their contact information

Work Experience

please begin with most recent employer

1. _____
Name of employer

Position dates of employment (mm/yy)

Contact information – name and phone number

2. _____
Name of employer

Position dates of employment (mm/yy)

Contact information – name and phone number

3. _____
Name of employer

Position dates of employment (mm/yy)

Contact information – name and phone number

Transcripts

Please have official transcripts sent as soon as possible. Your application will not be considered complete without these. Use attached form.

Application fee

Please send \$25 application fee along with your application. Any application not accompanied by the fee will not be processed.

Please answer the following questions in two to three sentences.

1. Why do you want to begin a career in sonography?
2. What have you done to verify that sonography is the career that you would like to pursue?
3. Why do you believe you would be a competent sonographer?
4. Explain how you will be able to devote 15 months full-time to this program.

Transcript Request Form

Please forward an official copy of my transcripts, including date of graduation, SAT/ACT scores, if applicable, to:

Midlands Technical College
Continuing Education – Sonography Program
PO Box 2408
Columbia, South Carolina 29202
803-732-5231 or 803-732-5237

Name of student (printed)

social security # or student ID

Signature of student

**Midlands Technical College
Ultrasound Program
Academic and Professional Standards**

A student entering the profession of Medical Sonography must understand that they are entering a field of medicine that requires certain academic and professional standards that other career choices may not.

Professional dress, appearance, and modes of communication must be of certain standards in order to maintain the confidence and care of the patient. Patients under the care of sonographers present themselves in all ages, cultures and of various ethnic origins; therefore trendy modes of dress and appearance are not allowed. The program has an established dress code and a code of conduct you must follow throughout the academic year.

Your signing of this form indicates that you understand the requirements of the program and that if accepted into the program you meet the academic standards and that you agree to abide by the professional standards.

Printed name of applicant

Date

Applicant Signature