

**Horry Georgetown Technical College  
Diagnostic Medical Sonography (DMS)  
Application Process**

1. Complete the [application process](#) for Horry Georgetown Technical College (HGTC)
2. Complete all required prerequisite courses (ENG 101, MAT 101, BIO 210, PHY 118, AHS 110)
3. Complete the TEAS test, [https://www.hgtc.edu/admissions/testing\\_center/teas.html](https://www.hgtc.edu/admissions/testing_center/teas.html)
4. Once accepted to HGTC, complete the [Strategies to Enhance Program Success \(STEPS\) session](#): the link is on the DMS webpage
5. Read, review, and acknowledge the [Technical Standards for Sonographers document](#): the link is on the DMS webpage.
6. Once you have completed all the requirements to apply to the DMS program, complete the [Program Application](#).

If you have any questions regarding the application process to HGTC or the DMS program, please contact Lisa Bowman at [lisa.bowman@hgtc.edu](mailto:lisa.bowman@hgtc.edu) or (843) 477-2030.

**HORRY GEORGETOWN TECHNICAL COLLEGE**  
**Diagnostic Medical Sonography**  
**Admission Application**  
**APPLICATION DEADLINE DATE: May 15<sup>th</sup> for admission into Fall Semester**

**Applicant's Name** \_\_\_\_\_ **H #** \_\_\_\_\_

**Address** \_\_\_\_\_  
**Street**
**City**
**State**
**Zip**

**Phone** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Program Admission Criteria**

Circle One	
Yes    No	1. Have you completed the application process and have been accepted for admission to Horry Georgetown Technical College? (This includes receipt of your high official school transcripts, including graduation date, or copy of GED if applicable, and/or all official college transcripts)
Yes    No	2. Have no more than 1 unsuccessful (D, F, or WF) attempt in a Sonography (DMS) course within the last 2 years (24 months) at HGTC or any other college?
Yes    No	Have you met the following requirements?
Yes    No	1. Have you successfully completed (minimal grade of C) the 5 General Education Pre-requisite courses (AHS 110, BIO 210, ENG 101, PHY 118 and MAT 101) and taken the TEAS* test with a minimum score of 65 in the last two years?
Yes    No	2. At least a 3.0 GPA overall.
Yes    No	3. Completion of a STEPS Session with Medical Imaging Sciences Department.
<small>* Please note: BIO210 has a 5-year time limit, 10-year time limit if already completed bachelor's or master's degree program and MAT has 10-year time limit. TEAS scores are valid for 2-years.</small>	

If you answered "NO" on one of the above questions, you do not meet the requirements. You may not submit the Diagnostic Medical Sonography Admission Application at this time.

DMS Application must be completed, printed, and turned into the Admissions Office at any of the three College Campuses by the completed application deadline (May 15). Applicants will be made aware of their status approximately 4 weeks after the application due date.

If applicants have the same points awarded, the decision to admit will be based on the date the student was admitted to the College as a Health Science or associate in science major. No DMS applications will be kept on file. If you are not admitted and wish to be considered for a future Fall Semester, you must reapply by the completed application deadline.

### DMS Admissions Scoring Criteria

Educational Experience:			
Once all required prerequisites and the TEAS test is completed with a minimum score of 65, candidates may apply, and points will be accrued for the following parameters			
Composite TEAS Score of:	Points Earned	AND	GPA of 5 completed prerequisite courses AHS 110, BIO 210, ENG 101, PHY 118, MAT 101
97.1-100	10		3.90-4.0 GPA
94.1-97.0	9		3.80-3.89 GPA
91.1-94.0	8		3.70-3.79 GPA
88.1-91.0	7		3.60-3.69 GPA
85.1-88.0	6		3.50-3.59 GPA
82.1-85.0	5		3.40-3.49 GPA
79.1-82.0	4		3.30-3.39 GPA
76.1-79.0	3		3.20-3.29 GPA
75.1-76.0	2		3.10-3.19 GPA
70.0-75.0	1		3.01-3.09 GPA
65.0-70.0	0		3.0
Academic Rigor and Performance <b>FIRST</b> attempt only (Maximum 6 points) A-2 points, B-1- point AHS 110 _____ BIO 210 _____ PHY 118 _____			
Horry Georgetown County Resident (as established by the College) Marion county			2 1
Previous College degree – Highest level achieved.  Master's Degree Bachelor's Degree			3 2
Work Experience: (choose only one)			
Documentation must include dates of employment and job description on letterhead from supervisor/employer			
<u>Work Experience in Healthcare – DIRECT Patient Care</u> (6 consecutive months minimum within the last 5 years) Some examples include Certified Nursing Assistant, Patient Care Technician, Phlebotomist, Radiologic Technologist, or Patient Transport Aide			2
<u>Work Experience in Healthcare – INDIRECT Patient Care</u> (6 consecutive months minimum within the last 5 years) Some examples include Certified Medical Assistant, Health Unit Coordinator, or Clerical Associate			1
Total Points			

I certify that the above information is accurate to the best of my knowledge and that I can complete the following requirements by the class start date: Health Science Student Physical, immunizations, or acceptable titers for: Hepatitis B, rubella, rubeola, mumps, Tdap, varicella, flu virus, twostep tuberculin skin test, CPR for the healthcare provider, and online General Hospital Orientation. I understand that if I do not submit proof that these requirements have been met, by the last day of drop/add, I will not be permitted to register for DMS courses and must reapply to the program.

\_\_\_\_\_  
Applicant signature

I am aware that due to specific contract requirements by the clinical agencies used for clinical by the DMS program, background checks and drug screenings are part of the admission and retention process. The background check and urine drug screening will be completed once I am admitted into the Program. Applications with specific conviction histories or positive drug screenings may ultimately not be accepted into the DMS program.

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Applicant signature

I understand that if I am accepted and I am unable to accept my seat for any reason, I am not guaranteed acceptance for a future semester. I must reapply during one of the application periods and be selected for acceptance for the new term.

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Applicant signature

I acknowledge that I have read the technical standards and essential functions for the DMS Program provided by Horry-Georgetown Technical College. It is my responsibility to contact the Office of Disability Services immediately upon submission of program application at (843) 349-5249, if I am unable to demonstrate any of the technical standards. I acknowledge that demonstrating proficiency in these technical standards is essential to success in clinical/affiliate sites and that I must independently demonstrate proficiency in clinical/affiliate sites in order to complete my certificate, diploma, or degree.

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Applicant signature