

HORRY GEORGETOWN TECHNICAL COLLEGE
Diagnostic Medical Sonography
Admission Application

APPLICATION DEADLINE DATE: May 15th for the next available Fall Semester

(These two pages must be printed and submitted to the Admission Office by the application deadline date)

Applicant's H # _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone (____) _____ **Work Phone** (____) _____

E-Mail Address _____

Program Admission Criteria

| Circle One | | | | | | | | | |
|---|---|-----|-----|-----|-----|-----|--|--|---|
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Yes</td> <td style="width: 50%; border: none;">No</td> </tr> <tr> <td style="width: 50%; border: none;">Yes</td> <td style="width: 50%; border: none;">No</td> </tr> <tr> <td style="width: 50%; border: none;">Yes</td> <td style="width: 50%; border: none;">No</td> </tr> </table> </td> <td style="width: 50%; border: none;"> Have you completed the application process and been accepted for admission to Horry Georgetown Technical College: <ol style="list-style-type: none"> 1. Admissions Application and Application Fee 2. Official copy of High School transcript, including graduation date (or copy of GED, if applicable). 3. Official copies of all previous college transcripts (if applicable). </td> </tr> </table> | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Yes</td> <td style="width: 50%; border: none;">No</td> </tr> <tr> <td style="width: 50%; border: none;">Yes</td> <td style="width: 50%; border: none;">No</td> </tr> <tr> <td style="width: 50%; border: none;">Yes</td> <td style="width: 50%; border: none;">No</td> </tr> </table> | Yes | No | Yes | No | Yes | No | Have you completed the application process and been accepted for admission to Horry Georgetown Technical College: <ol style="list-style-type: none"> 1. Admissions Application and Application Fee 2. Official copy of High School transcript, including graduation date (or copy of GED, if applicable). 3. Official copies of all previous college transcripts (if applicable). | |
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| Yes | No | | | | | | | | |
| Yes | No | | | | | | | | |
| Yes | No | | | | | | | | |
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| Yes | No | | | | | | | | |
| Yes | No | | | | | | | | |
| Yes | No | | | | | | | | |
| Yes | No | | | | | | | | |

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

Completed DMS Applications must be printed, completed, and turned in to 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 an Associate in Science or Associate in Science Health 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.

HORRY GEORGETOWN TECHNICAL COLLEGE
Diagnostic Medical Sonography

WEIGHTED VALUES FOR SELECTION PROCESS

| <u>CRITERIA</u> | <u>POINT SCALE</u> | <u>POINTS AWARDED</u> |
|--|---|-----------------------|
| <p>Previous Allied Health Experience Involving Patient Care: <i>Certification Required</i> Must submit proof of Certification and/or letter from employer with application.</p> <p>➤ 1 year or more of full-time work (32hrs/wk equivalency) in a clinical/hospital setting requiring patient care within 2 years. OR Recent graduates of an AS degree or higher in Allied Health/Nursing within 2 years.</p> <p>➤ 1 year of part time or volunteer work (10 minimum wk/ equivalency) in a clinical/hospital setting requiring patient care. OR Recent graduates of certificates/diplomas in Allied Health/Nursing within 2 years.</p> | <p>10 Points</p> <p>7 points</p> | |
| Established HGTC student with at least 12 or more semester hours (excluding developmental courses) | 10 Points | |
| <p>Education and Academic Rigor: (maximum 50 points)</p> <p>AHS102 _____ AHS110 _____ BIO210 _____ BIO 211 _____ ENG 101 _____ MAT120/110 _____ PHY 118 _____ PSY201 _____ SPC 205 _____ Humanities _____</p> | <p>A=5 points B=3 points C=1 point</p> | |
| <p>Residency (as established by the College)</p> <p>Horry-Georgetown County In-State/Out-of-County</p> | <p>2 points 1 point</p> | |
| <p>Previous College Performance</p> <p>Master Degree Bachelor Degree Associate Degree</p> | <p>4 points 3 points 2 points</p> | |

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.

Applicant signature

I understand that if I am accepted and I am unable to accept my seat for any reason, that 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.

Applicant signature

I understand that if I am accepted I am responsible for a non-refundable \$500 tuition deposit which will go toward the semester I begin the Diagnostic Medical Sonography program.

Applicant signature