



**LARAMIE COUNTY COMMUNITY COLLEGE  
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM  
ADMISSION INFORMATION AND APPLICATION  
For Classes Beginning Summer 2017**

Thank you for your interest in the Diagnostic Medical Sonography (DMS) Program at Laramie County Community College.

The DMS curriculum is designed to meet all the requirements for sonography programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP, 25400 U.S. Hwy 19, Suite 158, Clearwater, FL 33763, 727.21.2350) with recommendation from the Joint Review Committee on Education in Diagnostic Medical Sonography (JRCDMS).

It is the applicant's responsibility to furnish results of all the required paperwork. Failure to provide all required information by the application deadline will make the applicant ineligible for consideration.

This information is available at our website: [www.lccc.wy.edu/programs/sonography](http://www.lccc.wy.edu/programs/sonography)

For admission to the sonography program, complete the following steps:

**Step 1.**

- a. Completion of, or in the process of completion, all required prerequisites as outlined in the program application and the college catalog corresponding to the year in which the student plans to enter. All must be completed or in progress with a grade of "C" or better by the application deadline.

<b>Program Prerequisites:</b>	<b>CREDIT HOURS</b>
ZOO 2015 Human Anatomy* -OR-	
ZOO 2010 Anatomy and Physiology I* . . . . .	4-5
ZOO 2025 Human Physiology* -OR-	
ZOO 2020 Anatomy and Physiology II* . . . . .	4-5
MATH 1400 College Algebra. . . . .	3-4
ENGL 1010 English I: Composition . . . . .	3
PHYS 1050 Concepts of Physics. . . . .	4
CO/M 1015 Foundations of Communication -OR-	
CO/M 2010 Public Speaking. . . . .	3
HLTK 1200 Medical Terminology . . . . .	<u>2</u>
<b>Total Prerequisite Credit Hours . . . . .</b>	<b>23-26</b>

Note: A 3.0 prerequisite course GPA is required

\* Anatomy and physiology courses must have been taken within the last five years to be considered. The five-year time-line is based off of program entry date.

\* If you are currently working in one of the following medical professions you are exempt from the five-year requirement for anatomy and physiology courses. Must be a graduate of a two-year health occupation degree program that is directly patient-care related.

Examples include Registered Nursing (RN), Radiologic Technologist ARRT(R), Physical Therapist Assistant, Respiratory Therapist, or Surgical Technologist. You must provide proof of employment.

**Step 2.**

- Provide an official copy of all past college transcripts to the LCCC Admissions office. Provide unofficial copies of all past college transcripts to the DMS Director with application.

**Step 3.**

Complete sonography observation hours, eight or sixteen hours of observation in a clinical facility are to assist applicants in being selected for the LCCC DMS Program. Observation hours can be obtained throughout the year but must be completed at time of application. Observations hours completed the year of and the year prior to application will be accepted as long as the forms have been filled out and received. Take observation form with you (attached). Out-of-county and out-of-state applicants may make appointments and complete observations closer to home. It is recommended that the applicants review the application questions prior to completing their clinical observations. In addition, students are requested to dress appropriately (i.e., interview attire). Please be advised that some facilities require immunizations (flu shot) and background clearance prior to your observation, so please plan accordingly.

**Step 4.**

Complete the sonography program admission form and mail it with all necessary documentation. Applications will only be accepted after February 1, 2017 and must be received by February 28, 2017. Any forms received on or after March 1, 2017 will be ineligible for consideration.

**Step 5.**

Obtain three completed Reference Forms (attached). At least one must be from a former or current supervisor and/or instructor. No relatives may be used as references. These forms are to be returned to the LCCC DMS program director by the individual completing the form. (Please provide an addressed envelope for your references.)

**Step 6.**

The top 20-22 applicants will be invited to an on campus interview. Admission interviews will be conducted during the last two weeks of March.

**Step 7.**

Successful applicants will be notified of their conditional acceptance by mail approximately April 14, 2017. Note: As applications for financial aid are due April 1, 2017, it is suggested that eligible applicants for aid apply by April 1, 2017, rather than waiting until notification of acceptance.

After conditional acceptance to the DMS program, proof of the following additional requirements must be submitted to the DMS program by the dates stipulated in the acceptance letter:

- a. A completed physical examination form including verification of current vaccinations and titers (Hepatitis B, MMR, PPD, Diphtheria-Tetanus, Varicella).
- b. A copy of current certification in "CPR for the Health Care Worker" when classes begin in the summer.
- c. Acceptable drug screening and criminal background checks.

At their discretion, clinical sites may require a drug screening and/or criminal background check prior to allowing students into the clinical setting. (If required, any associated fees will be the responsibility of the student.) In addition, clinical sites may require random drug testing and/or drug testing for reasonable cause. Generally, the urine drug test screens for alcoholic beverages, illegal drugs or drugs that impair judgment while in the clinical agency. Testing positive on the screening, or evidence of tampering with a specimen, will disqualify a student from participating in the clinical assignment.

In addition to drug screening, for the safety of patients and health care workers, child abuse clearance and criminal background checks are required by some agencies prior to a clinical assignment. Certain criminal activity, as evidenced by a criminal background check, may also disqualify a student from clinical participation.

Students are advised that the inability to gain clinical education experiences can result in the inability to meet program objectives and outcomes. These circumstances may prevent final acceptance into and/or progression through the program, and may ultimately result in dismissal from the program.

## **SELECTION OF STUDENTS**

After March 1st, all complete applications will be reviewed by the Program Director, Clinical Coordinator and one LCCC Faculty. The top 20-22 application scores will be invited to LCCC for an interview, which will be held the last two weeks of March. Application scores will be 30% of the overall score based on the following:

1. Prerequisite GPA
2. Optional observation hours (8- or 16-hours)
3. Responses to application questions
4. References (3 reference forms)

Additional Points:

1. Interactive personnel experience
2. Returning alternate applicant
3. Supplemental Courses
  - a. PSYC 1000 General Psychology
  - b. HLTK 2300 Healthcare Ethics
  - c. CMAP 1610 Windows I -OR- CMAP 1685 Computers for Radiography
  - d. HIST 1211 US History to 1865 -OR- HIST 1221 US History from 1865 -OR- HIST 1251 Wyoming History -OR- POLS 1000 American and Wyoming Government -OR- ECON 1200, Economics, Law, and Government
- \* If History classes are taken outside of Wyoming POLS 1100 Wyoming Government is required for graduation.
4. Prior 2 year allied health degree. Must be ARRT (R) by program start date.
5. Prior completion of CNA, MA, LPN, RN, EMT or similar health training: Must be certified or worked for minimum of 1 year
6. Previous AA, AAS, AS degree in Health Science, Bachelor's Degree or higher.
7. Overall quality of application, resume, and attention to detail

Laramie County Community College does not discriminate on the basis of race, color, nation origin, sex, age, religion, political affiliation, or disability in admission of access to, or treatment of employment in, its educational programs or activities.

The interview will be held the last two weeks of March and accounts for 70% of the overall score of the applicant. (30%=application and 70%=interview) The interview panel is composed of LCCC faculty members and other sonography personnel. During the interview the candidates are asked multiple questions to include but not limited to communication, dedication, and critical thinking. The panel will rank each candidate and the selection of the students will be determined by the top 8-10 interview scores. A selection of two alternates will also be part of the committee in the event one or two of the top 10 scores are not able to accept their position. The alternate(s) will be notified immediately by the Director for their acceptance or decline of position offered.

Should any students receive an identical scores, the date of receipt of the applications will be considered in giving priority.

Our program does not use an annual waiting list; therefore, students not selected for admission into the sonography program must initiate the admission process the following year before being reconsidered. All students' applications not selected will be kept for one year after the deadline and will then be destroyed.

## **PROGRESSION**

To progress in the sonography program, the student must:

1. Maintain a minimum grade of "C" in each required sonography course and support courses. A support course is any course that not does not contain IMAG prefix. A cumulative GPA of 3.0 or above is required to and after acceptance into the program.
2. Take sonography courses in sequence.

## **ESTIMATED EXPENSES**

See college catalog for general tuition expenses. Additional estimated expenses for the entire Sonography program are:

Program fees . . . . .	\$300 /semester
Immunizations . . . . .	\$150
Background check and drug screening . . . .	\$150
Books . . . . .	\$700
Uniform and shoes . . . . .	\$150
Sonography Club fees and dues . . . . .	\$ 60
Cost of ARDMS registry exams (included in course fee):	
Physics . . . . .	\$200 (IMAG 2240 Ultrasound Physics II)
Abdomen. . . . .	\$250 (IMAG 2270 Registry Review II)
OB/GYN . . . . .	\$250 (IMAG 2270 Registry Review II)

The student is expected to provide transportation to class and to the assigned clinical education sites. Street clothes or uniforms may be worn to class, but the student is advised that the clinical sites' dress code policies must be strictly adhered to. This includes limited jewelry/piercing (only two small matched earrings, on in each ear, are allowed) and all tattoos must be covered.

## **STUDENT SERVICES**

See college catalog for information

## **STUDENT EMPLOYMENT**

Due to the demands of the full-time sonography program, student employment is not encouraged. This personal decision should be based on individual performance in the classroom, clinical education sites, and personal health. It is the desire of the sonography faculty that students be successful in the program and that essential learning is not compromised. Students will not be excused from class or clinical assignments for personal work schedules. An alternative may be found by contacting the Financial Aids Office at the college.

## **QUESTIONS**

If you have any questions about the sonography program or the admission process which are not answered here, please contact:

Adrienne Wade, M.S., RDMS, RVT Program Director 307.778.4338 Email: awade@lccc.wy.edu	Or	Sheridan Hanson, B.A.S., RDMS, RVT Clinical Coordinator 307.778.4394 Email: shanson@lccc.wy.edu
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Visit [www.lccc.wy.edu/programs/sonography](http://www.lccc.wy.edu/programs/sonography)



**LARAMIE COUNTY COMMUNITY COLLEGE  
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM  
TECHNICAL STANDARDS**

Graduates of this program, as entry-level sonographers, will provide quality patient care and perform quality sonographic examinations. The job function may require the ability to tolerate physically and mentally taxing workloads. The ability to adapt to changing environments, display flexibility, and function effectively under stress and in uncertain conditions are also important job requirements. In order to satisfy the requirements of the position and those of the program, certain essential function must be performed in a satisfactory manner.

The student must have the ability to:

- Analyze and comprehend medical and technical material and instructions
- Communicate effectively with patients and various members of the healthcare team, including the ability to perceive nonverbal communication.
- Set up and manipulate sonographic equipment in a safe, reliable and efficient manner.
- Practice and apply appropriate safety measures
- Perceive the relationships of internal organs in order to obtain sonographic exams of diagnostic value.
- Sufficient ability to monitor the patient and machine controls from a distance of 20 inches in a darkened room
- Sufficient ability to detect and monitor vital signs and receive communication from patients and members of the health care team
- Sufficient communication skills to relay instruction and/or needs promptly and efficiently to patient and health care workers
- Recognize and respond to adverse changes inpatient condition, including those requiring emergency medical intervention.
- Prepare and maintain sonographic reports and records
- Perform gross and fine motor skills, and movements to:
  - manipulate equipment by pushing buttons, operating keyboards, and turning dials
  - simultaneously manipulate controls with one hand and manipulate the transducer with the other hand – maintaining steady pressure on the patient
  - stretch around/over patients and carts to achieve optimal scanning while maintaining contact with the machine controls
  - transfer, move or lift patients from wheelchairs or stretchers to the exam table or patient bed
  - lift a minimum of 50 pounds
  - stand or walk a minimum of 50% of clinical time
  - push heavy equipment across carpeted floors and up ramps
- Satisfactory intellectual and emotional functions to:
  - review images for acceptability for diagnostic purposes and evaluate for completeness of examinations
  - utilize independent judgment and discretion in the safe technical performance of sonography procedures
  - adapt to changing environments such as flexible schedules and emergency conditions
- Respect the confidentiality of patient and demonstrate integrity, a motivation to serve, and a concern for others.

The work of a sonographer involves risks and discomforts that require special safety precautions, additional safety education, and health risk monitoring. It also may involve working with sharps, chemicals, infectious disease, and debilitating illnesses. Sonographers may be required to use protective clothing or gear such as masks, goggles and gloves.

If the student is unable to perform any of the designated tasks, upon request, LCCC will make reasonable accommodations if the accommodations do not constitute an undue hardship on LCCC or clinical affiliates and that those accommodations do not interfere with performance of any essential functions of a sonographer's duties.

## LCCC Diagnostic Medical Sonography Program

<i>Program Prerequisites:</i>		<b>CREDIT HOURS</b>
ZOO 2015	Human Anatomy* -OR-	4
ZOO 2010	Anatomy and Physiology I*	5
ZOO 2025	Human Physiology* -OR-	4
ZOO 2020	Anatomy and Physiology II*	5
MATH 1400	College Algebra	3-4
ENGL 1010	English I: Composition	3
PHYS 1050	Concepts of Physics	4
CO/M 1015	Foundations of Communication -OR-	3
CO/M 2010	Public Speaking	3
HLTK 1200	Medical Terminology	<u>1-3</u>
<b>Total Credits</b>		<b>25-30</b>

### FIRST YEAR

#### *Summer Semester (MTW Classes)*

IMAG 2205	Intro to Diagnostic Medical Sonography	3
IMAG 2212	Cross-Sectional Anatomy	3
COLS 1000	Introduction to College Success: First-Year Seminar	<u>3</u>
<b>Total Credits</b>		<b>9</b>

#### *Fall Semester (Monday – Thursday Classes, Friday optional)*

IMAG 2210	Ultrasound Physics I	2
IMAG 2220	OBGYN Sonography I	2
IMAG 2221	OBGYN Sonography I Lab	1
IMAG 2215	Abdominal Sonography I	2
IMAG 2216	Abdominal Sonography I Lab	2
RDTK 1520	Radiographic Patient Skills	1
POLS 1000	American and Wyoming Government -OR-	3
HIST 1211	US to 1865 -OR-	3
HIST 1221	US from 1865 -OR-	3
HIST 1251	Wyoming History -OR-	3
ECON 1200	Economics, Law, and Government	3
POLS 1100+	Wyoming Government	<u>1</u>
<b>Total Credits</b>		<b>11-13</b>

#### *Spring Semester (Monday – Thursday Classes, Friday optional)*

IMAG 2240	Ultrasound Physics II	3
IMAG 2250	OBGYN Sonography II	2
IMAG 2251	OBGYN Sonography II Lab	1
IMAG 2245	Abdominal Sonography II/Small Parts	2
IMAG 2246	Abdominal Sonography II/Small Parts Lab	1
IMAG 2252	Introduction to Vascular Sonography	2
IMAG 2253	Introduction to Vascular Sonography Lab	<u>1</u>

12

### SECOND YEAR

***Summer Semester (M–F)***

IMAG 2254 DMS Beginning Clinical Experience. . . . .	<u>6</u>
	<b>6</b>

***Fall Semester (M–F)***

IMAG 2255 Sonography Clinical Experience I . . . . .	11
IMAG 2265 Registry Review I . . . . .	<u>1</u>
	<b>12</b>

***Spring Semester (M–F)***

IMAG 2260 Sonography Clinical Experience II . . . . .	13
IMAG 2270 Registry Review II . . . . .	<u>1</u>
	<b>14</b>

**Total Program Credit Hours . . . . . 60**

**Total Credit Hours for A.A.S. degree . . . . . 89-96**







LARAMIE COUNTY COMMUNITY COLLEGE  
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

ADMISSION FORM SUMMER 2017

(Print or Type)

Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Maiden Name/Other Names Used (for transcript purposes) \_\_\_\_\_

Address \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_ Application for Summer \_\_\_\_\_  
Year

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**NOTE: Please advise the DMS program director if there is a change in any of the information above so that we may contact you if additional information is needed.**

**Step 1.** Official Transcripts and Apply to LCCC Admissions

Forwarded to LCCC Date \_\_\_\_\_

Included unofficial for Program Director

Please list all applicable institutions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have taken other non-sonography college courses which will apply to the DMS program.

Yes  No

**Step 2.** Obtain three completed Reference Forms (attached) to be mailed directly to the LCCC DMS program director at the address given at the end of the application. Provide addressed envelopes for your references. Please list the names of the applicable individuals here.

1. \_\_\_\_\_ Title \_\_\_\_\_

2. \_\_\_\_\_ Title \_\_\_\_\_

3. \_\_\_\_\_ Title \_\_\_\_\_

**Step 3.** Pre-admission, 8- or 16-hour observation in an ultrasound department.

Date(s) \_\_\_\_\_ Where \_\_\_\_\_

(Forward to the LCCC program director under separate cover.)

**Step 4.** Provide a copy of your current professional resume.

**Step 5.** Complete the following prerequisite summary and essay questions.

PREREQUISITE COURSES (Column A)	PLEASE PROVIDE SEMESTER AND GRADE			Column A x Column B = Total Points (Column C)	Institution
	Semester Completed and Grade (Column B)	*In Progress (v)	GPA Points A=4 B=3 C=2		
Example Course <b>4 Credits</b> (Found on Transcript)	A Spring 14		4	16	LCCC
ZOO 2015 Human Anatomy -OR- ZOO 2010 Anatomy and Physiology I <b>CR</b>					
ZOO 2025 Human Physiology -OR- ZOO 2020 Anatomy and Physiology II <b>CR</b>					
PHYS 1050 Concepts of Physics <b>CR</b>					
MATH 1400 College Algebra <b>CR</b>					
ENGL 1010 English I: Composition <b>CR</b>					
CO/M 1015 Foundations of Communication -OR- CO/M 2010 Public Speaking <b>CR</b>					
HLTK 1200 Medical Terminology <b>CR</b>					
Prerequisites GPA 3.0 or higher (total points / total credit hours) Total of Column C/Total of Column A	GPA (must be 3.0):				
<b>SUPPLEMENTAL COURSES: DO NOT COUNT AS PREREQUISITE GPA</b>					
CMAP 1610 or CMAP 1685 Windows					
POLS 1000 American and Wyoming Government. (*)					
HLTK 2300 Health Care Ethics					
PSYC 1000 General Psychology					

\*HIST 1211 US to 1865 –OR- HIST 1221 US from 1865 – OR – HIST 1251 Wyoming History - OR- ECON 1200 Economics, Law, and Government 3cr. can be substituted for POLS 1000 and must take POLS 1100 Wyoming Government to meet graduation requirements\*

**NOTE:** Please provide completed In-Progress Grade Report Forms for all courses marked “in progress” by the application deadline. (See attached forms)



5. Please describe in detail how you would handle the situation outlined below:

- a) You are the patient going in for an ultrasound of your abdomen because you are having pain on the left side. The sonographer indicates that they will be looking at only the right side of your abdomen during the ultrasound. How would you want the sonographer to handle the inconsistency of your symptoms with the order from the Doctor?

6. Why should you be accepted into the LCCC DMS program over another equally qualified applicant?

Additional comments:

Date \_\_\_\_\_

Signed \_\_\_\_\_

Send completed form to: Laramie County Community College  
Diagnostic Medical Sonography Program  
1400 E. College Drive  
Cheyenne, WY 82007

**The forms on the following pages are to be printed and distributed to the appropriate individuals.**

- In-Progress Grade Form . . . . . One to each appropriate Instructor
- Reference Form (1) . . . . . Individual serving as a reference
- Reference Form (2) . . . . . Individual serving as a reference
- Reference Form (3) . . . . . Individual serving as a reference
- Elective Observation  
Guideline and Acceptance Form . . . . . Orienting technologist of the  
observing sonography facility
- Elective Observation Form . . . . . Orienting technologist of the  
observing sonography facility

**[Click here to print application and forms](#)**

This document is intended to be printed two-sided but may be printed one-sided.  
To print two-sided, choose “two-sided (duplex)” in your printer menu.



LARAMIE COUNTY COMMUNITY COLLEGE  
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM  
IN-PROGRESS GRADE REPORT FORM – SPRING 2017



Please use this form to report all of your in-progress grades for the spring 2017 semester. As part of the selection process, we consider the level of student preparedness for each applicant. To assess this, please include all of the courses in the DMS curriculum which you would like considered. (This includes both the prerequisite courses and the additional general education courses listed within the program's course of study.)

**Instructions**

For all courses you wish considered, have each instructor provide your current course grade, and sign and date the form where indicated. For confidentiality purposes, please make individual copies of this form to provide to each instructor.

**Deadline: February 28, 2017\***

\* **Note:** You may complete all of the other portions of your application and submit them anytime between February 1, 2017 and February 28, 2017. You may submit this form under separate cover and it will be associated with your application file upon its receipt.

NAME OF APPLICANT \_\_\_\_\_

COURSE \_\_\_\_\_ Credit Hours \_\_\_\_\_  
(Include both the course prefix and title)

CURRENT GRADE \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature)

CONTACT INFORMATION/EXT. \_\_\_\_\_

OTHER COMMENTS \_\_\_\_\_

**To the instructor:** Thank you for your assistance in our student selection process. If you have any questions regarding this form or the DMS program, please contact Adrienne Wade at 307.778.4338 or [awade@lccc.wy.edu](mailto:awade@lccc.wy.edu).

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DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM  
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NAME OF APPLICANT \_\_\_\_\_

COURSE \_\_\_\_\_ Credit Hours \_\_\_\_\_  
(Include both the course prefix and title)

CURRENT GRADE \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature)

CONTACT INFORMATION/EXT. \_\_\_\_\_

OTHER COMMENTS \_\_\_\_\_

**To the instructor:** Thank you for your assistance in our student selection process. If you have any questions regarding this form or the DMS program, please contact Adrienne Wade at 307.778.4338 or [awade@lccc.wy.edu](mailto:awade@lccc.wy.edu).







**LARAMIE COUNTY COMMUNITY COLLEGE**  
**1400 E. College Drive, Cheyenne, WY 82007**  
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**  
**REFERENCE FORM**

**To Be Completed By Applicant**

Name (student) \_\_\_\_\_ Application for Summer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # (Home) \_\_\_\_\_  
 \_\_\_\_\_ (Work) \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_

**To Be Completed by Individual Serving as a Reference**

The applicant named above is applying for acceptance into the Diagnostic Medical Sonography Program at Laramie County Community College. As part of the application process, each applicant must have three reference forms completed and returned to the LCCC program director by the program's application deadline.

Please rate the applicant in the categories below, answering as honestly as possible in order to allow us to select the best candidate for our program. All answers are kept strictly confidential and are shared only with the sonography selection committee.

After completing the form, please place it in the enclosed pre-addressed envelope, seal the envelope and sign over the seal. Please mail the form before the February 28, 2017 deadline. All reference forms are to be sent directly to the LCCC DMS program, as indicated on the envelope. If you have any questions, please contact Adrienne Wade, MS, RDMS, RVT at 307.778.4338 or email [awade@lccc.wy.edu](mailto:awade@lccc.wy.edu). Thank you for your assistance.

Please place an "X" in the column under the rating which best describes the applicant's abilities in each area **with 5 being the highest rating and 1 the lowest.**

	LOWEST					HIGHEST
	1	2	3	4	5	
Attendance/Punctuality						
Honesty						
Grooming and hygiene						
Dependability						
Follows instructions						
Respect for authority						
Initiative						
Commitment and follow through						
Learns from mistakes						
Accountability/accepts responsibility for actions						
Motivation level						
Interpersonal skills						
Team player						
Overall work ethic						
Would you recommend this candidate?						

Please feel free to comment on your answers or provide any other additional information which you feel may assist us in our selection on the back of this page.

Reference name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Capacity in which you know/knew the applicant \_\_\_\_\_





**LARAMIE COUNTY COMMUNITY COLLEGE**  
**1400 E. College Drive, Cheyenne, WY 82007**  
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**  
**REFERENCE FORM**

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 Address \_\_\_\_\_ Phone # (Home) \_\_\_\_\_  
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Honesty						
Grooming and hygiene						
Dependability						
Follows instructions						
Respect for authority						
Initiative						
Commitment and follow through						
Learns from mistakes						
Accountability/accepts responsibility for actions						
Motivation level						
Interpersonal skills						
Team player						
Overall work ethic						
Would you recommend this candidate?						

Please feel free to comment on your answers or provide any other additional information which you feel may assist us in our selection on the back of this page.

Reference name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Capacity in which you know/knew the applicant \_\_\_\_\_





**LARAMIE COUNTY COMMUNITY COLLEGE**  
**1400 E. College Drive, Cheyenne, WY 82007**  
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**  
**REFERENCE FORM**

**To Be Completed By Applicant**

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 Address \_\_\_\_\_ Phone # (Home) \_\_\_\_\_  
 \_\_\_\_\_ (Work) \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_

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The applicant named above is applying for acceptance into the Diagnostic Medical Sonography Program at Laramie County Community College. As part of the application process, each applicant must have three reference forms completed and returned to the LCCC program director by the program's application deadline.

Please rate the applicant in the categories below, answering as honestly as possible in order to allow us to select the best candidate for our program. All answers are kept strictly confidential and are shared only with the sonography selection committee.

After completing the form, please place it in the enclosed pre-addressed envelope, seal the envelope and sign over the seal. Please mail the form before the February 28, 2017 deadline. All reference forms are to be sent directly to the LCCC DMS program, as indicated on the envelope. If you have any questions, please contact Adrienne Wade, MS, RDMS, RVT at 307.778.4338 or email [awade@lccc.wy.edu](mailto:awade@lccc.wy.edu). Thank you for your assistance.

Please place an "X" in the column under the rating which best describes the applicant's abilities in each area **with 5 being the highest rating and 1 the lowest.**

	LOWEST					HIGHEST
	1	2	3	4	5	
Attendance/Punctuality						
Honesty						
Grooming and hygiene						
Dependability						
Follows instructions						
Respect for authority						
Initiative						
Commitment and follow through						
Learns from mistakes						
Accountability/accepts responsibility for actions						
Motivation level						
Interpersonal skills						
Team player						
Overall work ethic						
Would you recommend this candidate?						

Please feel free to comment on your answers or provide any other additional information which you feel may assist us in our selection on the back of this page.

Reference name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Capacity in which you know/knew the applicant \_\_\_\_\_



**LARAMIE COUNTY COMMUNITY COLLEGE  
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM  
ELECTIVE OBSERVATION  
GUIDELINES AND ACCEPTANCE FORM**

INSTRUCTIONS: Please read the following information and complete the indicated information at the bottom of the form. Submit this signed form (along with your Preadmission Observation Evaluation Form) to the orienting technologist of the sonography facility at the start of observation period. You may make a copy of the completed form for your records.

Health care facilities are organizations designed to provide medical diagnoses, treatment and care for patients. As an observing student in a sonography department, you may be allowed to observe various interactions between patients, technologist, physicians and other health care personnel.

The health care environment is governed by various rules and policies which serve to ensure that the patient and his/her information is held in trust. In keeping with this, students who are observing as applicants of the LCCC DMS program are required to follow these guidelines:

1. As a student applying for the DMS program at LCCC, your role is strictly as an observer. Although you may be qualified to administer certain aspects of patient care (such as CPR) due to your past education and experiences, you may not provide any direct patient care during this observation period.
2. During your observation, you will observe both patients and their information (including their medical images). You may even observe an examination or information of someone you know while at the facility. It is permissible to ask questions of the available technologists about the procedures you are observing after the exam. Please be advised that this is privileged information protected by federal privacy acts, and therefore cannot be shared with any party outside the facility. This includes family and friends.
3. Due to the privacy rules described above, some facilities may require you to sign a confidentiality statement specific to their institution in addition to this form prior to your observation. Department personnel may also request patient permission prior to your observation of each procedure. While most patients do give their permission, patients do have the right to deny your observation of their examinations. Please do not be offended if a patient does not wish to have you present or observe his/her exam. Instead, respect the patient's right to choose how his/her care is delivered.
4. The health care facility will make every effort to provide a safe and educational observation experience, but because your observation is in a health care facility, you may be exposed to blood-borne and other pathogens while at the facility.
5. An observing student is ultimately responsible for his/her own actions. If a student fails to comply with the guidelines listed above, the facility has the right to immediately suspend the student's observation and/or bar him/her from future observations. In addition, the facility and/or Laramie County Community College cannot be held responsible for any damages or liabilities which may result due to inappropriate student behaviors during or after the observation period.

**ACCEPTANCE OF OBSERVATION GUIDELINES**

I have read the Guidelines for the Pre-Observation Requirements for students applying for the sonography program at Laramie County Community College. I understand my responsibilities concerning the observation with regard to patient confidentiality and the importance of following the instructions of the technologists during my observation. I understand that I am bound to these rules and other applicable department/hospital policies during my observation and will comply with these policies to the best of my ability.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Technologist

\_\_\_\_\_  
Date

If you have any questions about the observation or this form, please call the DMS program director at 307.778.4338.

**Note to host facilities:** Please feel free to keep the original or a copy of this document for your records and forward one copy back to the LCCC DMS program director attached to the Pre-Admission Observation Evaluation Form. Thank you for your time and assistance during this pre-observation experience.







LARAMIE COUNTY COMMUNITY COLLEGE  
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

**ELECTIVE OBSERVATION EVALUATION FORM**

To assist the applicant in being selected for the LCCC sonography program, a student must have observed in a Department of Sonography for an 8- or 16-hour period. It is permissible for the student to attend four, four-hour intervals or two, eight-hour interval. We feel the prospective student will have a better understanding of the type of work that a sonographer does by attending this observation period.

**NOTE:** In the event that patient volume in the department appears to be low or inadequate, it is permissible for the observing student to reschedule remaining and/or additional observation time if the supervising technologist deems this to be appropriate. The faculty of the LCCC DMS program would like to thank you and your staff for the consideration you have shown to this prospective student and appreciate your comments.

**Please answer the questions on the back of this sheet and return this form and the Observation Guidelines and Acceptance Form to the following address by February 28, 2017.**

Laramie County Community College  
Diagnostic Medical Sonography Program  
1400 E. College Drive  
Cheyenne, WY 82007

Name of Facility \_\_\_\_\_

Name of Prospective Student \_\_\_\_\_

Number of Hours Spent in the Sonography Department \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

***Thank You For Your Assistance.***

If you have any questions, please call Adrienne Wade, MS, RDMS, RVT  
at 307.778.4338 or email [awade@lccc.wy.edu](mailto:awade@lccc.wy.edu).

\*If the student observes at two different clinical facilities, this form may be copied for use at both sites.

The student:		<b>YES</b>	<b>NO</b>
1. Called to make an appointment (if applicable) .....		<input type="checkbox"/>	<input type="checkbox"/>
2. Was punctual.....		<input type="checkbox"/>	<input type="checkbox"/>
3. Completed _____ hours of observation.....		<input type="checkbox"/>	<input type="checkbox"/>
4. Came to the department properly groomed/attired .....		<input type="checkbox"/>	<input type="checkbox"/>
5. Came to the department prepared to observe with the appropriate paperwork.....		<input type="checkbox"/>	<input type="checkbox"/>

**Please explain and/or comment on any item(s) where “no” has been checked.**

**Please rate the following items from 1 to 5 with 5 being the highest rating possible.**

	<b>LOWEST</b>		<b>HIGHEST</b>		
6. Displayed some awareness of how ultrasound was performed.....	1	2	3	4	5
7. Displayed the ability to interact with others .....	1	2	3	4	5
8. Appeared interested in sonographic procedures.....	1	2	3	4	5
9. Asked pertinent questions during the observation.....	1	2	3	4	5
10. Would you recommend this student?.....	1	2	3	4	5

Please comment:

Other comments and overall impressions:

Signature of Orienting Sonographer \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the address on the front page, regardless of the number of hours observed.