



**LARAMIE COUNTY COMMUNITY COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
ADMISSION INFORMATION AND APPLICATION
For Classes Beginning Summer 2020**

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. Highway 19, Suite 158, Clearwater FL, 33763, 727.210.2350) with a recommendation from the Joint Review Committee on Education in Diagnostic Medical Sonography (JRCEDMS).

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

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.

Program Prerequisites:	CREDIT HOURS
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 2010 Public Speaking.	3
HLTK 1200 Medical Terminology	<u>1-3</u>
Total Prerequisite Credit Hours	23-26

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 timeline is based on 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 the application. All transcripts must be mailed to the Director

LCCC
ATTN: Adrienne Wade HS 230
1400 E. College Dr.
Cheyenne, WY 82009

Step 3.

Complete mandatory sonography observation hours, eight or sixteen hours of observation in a clinical facility are necessary to assist applicants in being selected for the LCCC DMS Program. Observation hours can be obtained throughout the year but must be completed by the application deadline. Observations hours completed the year of and the year before the 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 before completing their clinical observations. Also, students are requested to dress appropriately (i.e., interview attire). Please be advised that some facilities require immunizations (flu shot) and background clearance before your observation, so please plan accordingly.

Observation forms are a part of your application and need to be sent in from your observation center after your shadow is complete. The Observation Form is confidential and needs to be mailed in a sealed envelope from the facility where you are observed. All Observation Forms received not in a sealed envelope will be ineligible for the application process.

Step 4.

Complete the sonography program admission form and mail it with all necessary documentation. Applications will only be accepted on or after February 1, 2020, and must be received before or on February 28, 2020, or postmarked February 28, 2020. Any forms received on or after March 1, 2020, will be ineligible for consideration.

Step 5.

Obtain three completed Reference Forms (attached). At least one form 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.)

Reference forms are a part of your application and need to be sent in from your reference. The Reference Form is confidential and needs to be mailed in a sealed envelope. All Reference Forms received not in a sealed envelope will be ineligible for the application process.

Step 6.

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

Step 7.

Successful applicants will be notified of their conditional acceptance by mail by approximately Early April.

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 will be done the second year of the program and must meet the following:

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. Required prerequisite courses completed or in progress with a grade of "C" or better
2. Prerequisite GPA 3.0 or better
3. Mandatory observation hours (8 or 16 hours)
4. Responses to application questions
5. References (3 reference forms mailed)

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
 - 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 a minimum of 1 year
6. Previous AS degree in Health, Bachelor's Degree or higher.
7. Overall quality of application, resume, and attention to detail

Laramie County Community College is committed to providing a safe and nondiscriminatory educational and employment environment. The college does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, sexual orientation or other status protected by law. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The college does not discriminate on the basis of sex in its educational, extracurricular, athletic or other programs or in the context of employment.

The college has a designated person to monitor compliance and to answer any questions regarding the college's nondiscrimination policies. Please contact: Title IX and ADA Coordinator, Suite 205, Clay Pathfinder Building, Cheyenne, WY 82007, 307.778.1217, TitleIX_ADA.Coordinator@lccc.wy.edu. Contact information for the regional Office for Civil Rights is: Office for Civil Rights, Denver Office, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, 303.844.5695, OCR.Denver@ed.gov.

INTERVIEW

The interview will be held sometime during the last two weeks of March on campus 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 for a total of five members. 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 based on a rubric, and the top 10-12 interview scores will determine the selection of the students. A selection of two to three alternates will also be part of the committee in the event one or two of the top 10-12 scores are not able to accept their position. The replacement (s) will be notified immediately by the Director for their acceptance or decline of the 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 for acceptance into the program.
2. Take sonography courses in sequence.

ESTIMATED EXPENSES

See the 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	\$200
Books	\$700
Uniform and shoes	\$150
Cost of ARDMS registry exams (included in course fees):	
Physics.	\$200 (Ultrasound Physics II)
Abdomen.	\$250 (Registry Review II)
Vascular	\$250 (Registry Review)
OB/GYN	\$250 (Registry Review)

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. 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 the 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 Aid 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, M.A., RDMS, RVT
Clinical Coordinator
307.778.4394
Email: shanson@lccc.wy.edu

Visit www.lccc.wy.edu/programs/sonography

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

To assist in making a decision about pursuing this program, the following is an overview of the physical requirements, working conditions, and job duties of a Diagnostic Medical Sonographer.

Diagnostic Medical Sonographers:

Sonographers use specialized equipment to create images of structures inside the human body to help physicians make medical diagnosis. The process involves placing a small device called a transducer against the patient's skin near the body area to be imaged. It sends high frequency sound waves into the body that reflect back to the transducer from internal structures. Sonography is usually performed in small, dark exam rooms, at patient bedsides, in emergency rooms, or operating rooms.

Sonographers may be required to work various shifts to provide 24-hour coverage, including early morning, day, evening, and night shifts. Shifts may be 8, 10, or 12 hours in length. Some facilities will require sonographers to be on call. Sonographers must be able to tolerate physical and emotional stress while still being able to function effectively and compassionately with sick and injured patients. The sonographer must be able to conceptualize and comprehend multi-dimensional relationships of anatomic structures and their appearance on a two-dimensional screen. Most facilities will require sonographers to be credentialed with American Registry for Diagnostic Medical Sonography (ARDMS) or the American Registry of Radiologic Technologist (ARRT) in a sonographer specialty employment.

Diagnostic Medical Sonographers are expected to have the ability to:

1. Effective communication (speech, reading, listening, and writing) is necessary to establish a positive relationship with patients, doctors, and other medical staff.
 - a. Distinguish audible sounds
 - b. Regularly talk and hear
 - c. Distinguish between multiple shades of grey and colors
2. Work independently to provide diagnostic images and to adjust protocols according to findings of the exam.
 - a. Regularly stand, walk, sit, kneel, squat, bend/stoop, use hands and fingers to handle or feel
 - b. Have full use of both hands, wrists, and shoulders
 - c. Regularly lift and/or move or use pushing/pulling force up to 60 lbs.
 - d. Assist patients on and off the exam table
3. Provide a safe environment for patients and staff.
 - a. Assess vitals for patients as needed
4. Self-assessment of personal performance, knowledge, and skills and recognizes area of strengths and utilizes constructive feedback to improve on weaknesses.
5. Adhere to the professional ethical standards.
 - a. Respect patients privacy

LCCC Diagnostic Medical Sonography Program

<i>Program Prerequisites:</i>	<i>Credit Hours:</i>
ZOO 2015 Human Anatomy *	4
ZOO 2025 Human Physiology * - OR-	4
ZOO 2010 Anatomy and Physiology I*	5
ZOO 2020 Anatomy and Physiology II*	5
MATH 1400 College Algebra	3-4
PHYS 1050 Concepts of Physics	4
ENGL 1010 English I: Composition	3
CO/M 2010 Public Speaking	3
HLTK 1200 Medical Terminology	<u>1-3</u>
Total Credits	22-27

FIRST YEAR

Summer I Semester (MTW Classes)

COLS 1000 Introduction to College Success: First-Year Seminar	3
IMAG 1505 Intro to Diagnostic Medical Sonography	3
IMAG 1500 Cross-Sectional Anatomy	<u>3</u>
Total Credits	9

Fall I Semester (Monday – Thursday Classes, Friday optional)

IMAG 1510 Ultrasound Physics I	2
IMAG 1525 Abdominal Sonography I	2
IMAG 1526 Abdominal Sonography I Lab	1
IMAG 1520 OBGYN Sonography I	2
IMAG 1521 OBGYN Sonography I Lab	1
IMAG 1530 Vascular Sonography I	1
IMAG 1531 Vascular Sonography I Lab	.5
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>
Total Credits	9.5-12.5

Spring I Semester (Monday – Thursday Classes, Friday optional)

IMAG 1515 Ultrasound Physics II	3
IMAG 1545 Abdominal Sonography II/Small Parts	2
IMAG 1546 Abdominal Sonography II/Small Parts Lab	1
IMAG 1540 OBGYN Sonography II	2
IMAG 1541 OBGYN Sonography II Lab	1
IMAG 1550 Vascular Sonography II	2
IMAG 1551 Vascular Sonography II Lab	<u>1</u>
Total Credits	12

SECOND YEAR

Summer II Semester (M-F)

IMAG 2500 Sonography Clinical Experience I	6
Total Credits	6

Fall II Semester (M-F)

IMAG 2515 Sonography Clinical Experience II	11
IMAG 2530 Registry Review I	1
Total Credits	12

Spring II Semester (M-F)

IMAG 2520 Sonography Experience III	13
IMAG 2535 Registry Review II	1
IMAG 2540 Vascular Registry Review	1
Total Credits	15

Total Program Credit Hours **66.5**

Total Credit Hours for A.A.S Degree **85.5-93.5**

- * Anatomy and physiology courses must have been taken within the last five years to be considered. The five-year timeline is based on 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.
- + Students who have earned credit for American Government or U.S. History at an out-of-state college or by advanced placement but have not fulfilled the Wyoming Constitution requirement may complete the one-credit hour POLS 1100 instead of the above courses in History or Econ.



LARAMIE COUNTY COMMUNITY COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

ADMISSION FORM SUMMER 2020
(Print or Type)

Full Name _____ Today's Date _____

Maiden Name/Other Names Used (for transcript purposes) _____

Address _____ SSN _____

_____ Application for Summer 2020

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

Official Transcripts 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

Previous degree: Yes No Degree: _____

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. Reference forms are a part of your application and need to be sent in from your reference. The Reference Form is confidential and needs to be mailed in a sealed envelope. All Reference Forms received not in a sealed envelope will be ineligible for the application process.

1. _____ Title _____

2. _____ Title _____

3. _____ Title _____

Step 3. Pre-admission, 8 or 16-hour observation in an ultrasound department. Observation forms are a part of your application and need to be sent in from your observation center after your shadow is complete. The Observation Form is confidential and needs to be mailed in a sealed envelope from the facility where you are observed. All Observation Forms received not in a sealed envelope will be ineligible for the application process.

Date(s) _____ Where _____

Date(s) _____ Where _____

(Mailed to the LCCC program director, provide addressed envelopes.)

Laramie County Community College
Diagnostic Medical Sonography, HS 230
1400 E. College Dr
Cheyenne, WY 82007

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

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

PREREQUISITE COURSES)	Credits (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 4 Credits (Found on Transcript)		A Spring 14		4	16	LCCC
ZOO 2015 Human Anatomy -OR- ZOO 2010 Anatomy and Physiology I						
ZOO 2025 Human Physiology -OR- ZOO 2020 Anatomy and Physiology II						
PHYS 1050 Concepts of Physics						
MATH 1400 College Algebra						
ENGL 1010 English I: Composition						
CO/M 2010 Public Speaking						
HLTK 1200 Medical Terminology						
Prerequisites GPA 3.0 or higher (total points / total credit hours) Total of Column C / Total of Column A		GPA (must be 3.0):				
SUPPLEMENTAL COURSES: DO NOT COUNT AS PREREQUISITE GPA						
CMAP 1610 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 instructor contact information in the In-Progress Grade Report for all courses marked “in progress” by the application deadline. (See attached forms)

Essay Questions: (Thoroughness and well thought out essays along with proper grammar and relevance will be evaluated. May require research.)

1. What reason or experience attracted you to a career in Diagnostic Medical Sonography?
2. Based on your observation, describe in detail, what you enjoyed most about your experience and what you may see as a challenge.
3. The DMS program is highly competitive with 10-12 students selected for each cohort. How have you prepared yourself to raise to the top of all the other applicants?
4. The second year of the program is primarily a clinical internship, which may be located outside the Cheyenne area. Are you aware of any circumstances at this time that would interfere with you relocating to complete this training? If so, outline them here. Clinical sites are located in Wyoming, Colorado, Nebraska, and Montana.

5. Describe the steps you took to explore sonography and the reason why you choose Laramie County Community College Diagnostic Medical Sonography program over other Sonography programs.

6. Describe how you would handle the following conflict. You and your co-worker are working the late shift together and your co-worker would like to leave early. They have asked you to clock out for them so the boss doesn't find out. What do you do?

Send completed application to: Laramie County Community College
Diagnostic Medical Sonography, HS 230
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

Observation Guideline and Acceptance Form Orienting technologist of the
observing sonography facility

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 2020

Please provide the following for in-progress grades.

Instructor name: _____

COURSE: _____ **Credit Hours:** _____

CURRENT GRADE: _____

Instructor email: _____

Due to FERPA guidelines, grades cannot be emailed directly to the DMS Director.



LARAMIE COUNTY COMMUNITY COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
IN-PROGRESS GRADE REPORT FORM – SPRING 2020

Please provide the following for in-progress grades.

Instructor name: _____

COURSE: _____ **Credit Hours:** _____

CURRENT GRADE: _____

Instructor email: _____

Due to FERPA guidelines, grades cannot be emailed directly to the DMS Director.



LARAMIE COUNTY COMMUNITY COLLEGE

DMS Director, HS 230

1400 E. College Drive, Cheyenne, WY 82007

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

REFERENCE FORM

To Be Completed By Applicant

Name (student) _____ Application for Summer 2020

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, 2020 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. 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

DMS Director, HS 230

1400 E. College Drive, Cheyenne, WY 82007

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

REFERENCE FORM

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	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

DMS Director, HS 230

1400 E. College Drive, Cheyenne, WY 82007

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

REFERENCE FORM

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Name (student) _____ Application for Summer 2020

Address _____ Phone # (Home) _____

_____ (Work) _____

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To Be Completed by Individual Serving as a Reference

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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.

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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
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.

1. 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:
2. 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.
3. 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.
4. 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.
5. 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.
6. 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, Adrienne Wade, 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

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, 2020.

Laramie County Community College
Diagnostic Medical Sonography Program, HS 230
1400 E. College Drive
Cheyenne, WY 82007

Name of Facility _____

Name of Prospective Student(Print) _____

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.

*If the student observes at two different clinical facilities, a form must be completed for both sites.

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

	LOWEST		HIGHEST		
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.