SAU TECH SONOGRAM PROGRAM
<u>APPLICATION</u>

I.) <u>General Information:</u>

The SAU Tech Dean of Allied Health, faculty, and staff members are glad that you are interested in our program and we hope that you are as excited about sonography as we are. We have an exemplary team that has an excellent reputation for teaching, guiding, and mentoring students through the Diagnostic Medical Sonography program and preparing the students for their future career as Registered Sonographer.

The Sonography Program combines classroom instruction with skills laboratory, simulation laboratory, and clinical experience. Students successfully completing the program are awarded an Associate of Science Degree and are then eligible to take the American Registry of Radiologic Technologists (Sonography) and/or the American Registry for Diagnostic Medical Sonography. A graduate who successfully passes one and/or both exams is considered a Registered Diagnostic Medical Sonographer.

II.) <u>Requirements for Admission into the Diagnostic Medical Sonography program:</u>

<u>Prior to June 1, 2023, application deadline, the applicant must have:</u>

1. Earned a high school diploma or a GED.
2. A cumulative GPA of 2.5 or greater:
   a. Cumulative <u>high school</u> GPA if the student has completed 8 or less college credit hours
   b. Cumulative <u>college</u> GPA if the student has completed 9 or more college credit hours
   c. **ALL** transcripts must be submitted to the SAU Tech Admissions department.
3. Applied to SAU Tech and complied with all admission requirements (in order to be eligible for selection).
   a. The college's application for admission can be found here: https://www.sautech.edu/admissions/
   b. Call the Admissions department at 870-574-4558 or email at admisofc@sautech.edu if any questions
4. Must have taken the ***TEAS Exam for ALLIED HEALTH* within 1 year of the program application deadline date**. The applicant's score on this exam is used to determine not only eligibility for admission into the Sonography program, but also ranking for selection of the applicants. The test score will need to be printed off and submitted to the allied health department. If these steps are not completed, the results will NOT be accepted.
   a) TEAS exam results older than one year prior to the programs application deadline date will not be considered.
   b) Applicants who have not taken the TEAS exam CANNOT be considered for selection as <u>current</u> scores on this exam are required.
   c) Applicants must score a minimum of 50% (Composite Score) on the TEAS exam. Applicants who score below the minimum cut score on the first attempt are recommended to study for and then repeat the exam prior to the application deadline.
   d) The TEAS Exam may be taken four (4) times per application period. The highest TEAS score on file at the application deadline will be the score that is accepted and utilized to calculate the student's total points

e) TEAS Directions:
- Create a TEAS account at www.atitesting.com. You can create an account by clicking the "Create Account" link next to the log-in button. Follow the screen prompts and fill in all necessary boxes. ***<u>When asked about which program, SELECT "ALLIED HEALTH".</u>***
- Pay for your TEAS exam online through your ATI Account.
- Select "Southern Arkansas University Tech" if taking the exam on campus at our testing center. You will also be able to select a day/time for your exam.
  <u>Day of Testing at the SAU Tech Testing Center:</u>
  - Arrive a few minutes early; if more than 10 minutes late, you will need to reschedule through your ATI Account. If late, call the testing center at 870-574-4486 to inform them that you are rescheduling.
  - Bring a Photo ID
  - Know your ATI log-in information

5. Applicant must have a C or better in the required pre-requisites courses prior to the start of the program. If the applicant is in the process of taking these courses during the application period, then the applicant **must** provide an up-to-date transcript with the final grade for the course(s) at the end of the semester to the admissions department. If the final grade is below a C in any of the courses, then the applicant will be disqualified.

6. **<u>Submit the completed and signed application and all required documents prior to the deadline for application, which is June 1st of the applicable year prior to 4:30 p.m.,</u>** to the Allied Health Office located on the SAU Tech campus, Shumaker Hall, Room 120, or mail to:

   Southern Arkansas University Tech
   Attn: Diagnostic Medical Sonography Program
   P. O. Box 3499
   Camden, AR 71711

7. If the applicant has been in another Diagnostic Medical Sonography program, a 'Letter of Good Standing' from his/her previous sonogram program DIRECTOR is required. The letter must come directly to the SAU Tech Sonogram Program from that program director. Letters submitted by students are not acceptable.
   The letter may be emailed to Dean Shelley Young at syoung@sautech.edu or mailed to:
   Southern Arkansas University Tech
   Attn: Dean of Allied Health
   P. O. Box 3499
   Camden, AR 71711

- Applicants accepted for admission into the Diagnostic Medical Sonography Program will receive an acceptance letter, which will provide further instructions for admissions requirements, which includes, but is not limited to the following: submission of immunization record showing certain specific immunization requirements, a criminal background check and a drug screen. **It is important to note that persons who have been convicted of certain**

crimes may not be eligible to take the sonography licensure exam so are, therefore, not eligible for entry into the Diagnostic Medical Sonography Program. (See 'Required Reading for Admission' section).

III.) Post-Admission Information:

Upon acceptance into the program, the student will be required to:

- Provide proof of a criminal background check upon request per instructions by the program faculty. (Students with certain offenses on the background check may not be allowed to remain in the program and/or may not be allowed by the American Registry of Radiologic Technologist (Sonography) and/or American Registry for Diagnostic Medical Sonography to sit for the registry exam(s).
- Provide proof of an unencumbered drug screen upon request per instructions by the program faculty. This will be completed once the program begins at the discretion of the Dean of Allied Health.
- Provide proof of current AHA (American Heart Association) Healthcare Provider level of CPR certification.
- Provide proof of a negative PPD skin test or evidence of a negative chest x-ray if skin testing is not allowed.
- Provide proof of all vaccinations and/or immunizations including:

  - ✓ Provide proof of Hepatitis B immunization series or sign Declination Statement.
  - ✓ Provide proof of immunity to varicella. Proof may consist of 1) proof of vaccination, or 2) varicella antibody titer indicating immunity.
  - ✓ Provide proof of Covid-19 Vaccination or exemption letter.
  - ✓ Students will receive influenza vaccination during the Fall Semester. Proof of current influenza vaccination will be submitted.

Students applying for entry into the Diagnostic Medical Sonography Program at Southern Arkansas University Tech must understand that:

1. Successful completion of the clinical, practicum, fieldwork, and/or internship/externship program component is a requirement for graduation from these programs;
2. Clinical, practicum, fieldwork, and/or internship/externship sites require students to have received certain vaccinations, immunizations, possibly including the Covid-19 vaccination, and to have successfully passed testing/screenings such as a drug screen and a criminal background check, in order to be allowed to attend clinical, etc., in their facility.
   - o Some facilities do not allow students to attend clinical, etc., in their facility until after the student has fully completed the Covid-19 vaccination doses recommended by the CDC (Centers for Disease Control and Prevention).
   - o Some exemptions can be made based on religious beliefs and/or medical issues. A letter from your religious leader or primary care physician must be submitted. Acceptance of this letter will be determined by the clinical facility and not SAU Tech.

3. Therefore, if the student has not received or completed the vaccinations and immunizations, including a complete Covid-19 vaccination (if applicable), if exemption reasoning has been denied by the clinical facility, and if successfully passed testing/screenings that are required by the clinical facilities, and has not yet successfully completed these required program components, the student will not graduate from the program.

4. Successful graduation from the Diagnostic Medical Sonography Program is required in order to sit for the profession's registration examination.

Diagnostic Medical Sonography Program
Technical Standards Form

Technical Standard	Definition	Examples of Required Activities (Additions may be added as needed)
Cognitive Qualifications	Sufficient Reading, Language and Math Skills; intellectual and emotional functions necessary to plan and implement patient care	•Ability to take exams; there may be multiple exams given in a single class day • Ability to comprehend and interpret written and verbal material/instruction • Follow and deliver written and oral direction
Critical Thinking	Critical thinking ability sufficient for clinical judgment; combine information from written material and apply knowledge to clinical situations	• Being able to respond quickly and calmly to emergency situations • Handle multiple priorities at a time in stressful situations • • Assist with problem solving • Identify cause-effect relationships in clinical situations
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, educational, cultural, and intellectual backgrounds	• Establish rapport with patients and colleagues • Function effectively under stress • Cope with anger, fear, hostility of others in calm manner • Cope with confrontation • Demonstrate high degree of patience • Display compassion, professionalism, empathy, integrity, concern for others with interest and motivation
Communication	Communication abilities sufficient for interaction with others in verbal and non-verbal form (speech, reading, and writing)	• Explain imaging procedures • Write legibly • Communicate clearly and effectively (oral, written) with patients, co-workers, and other health care providers by use of the English language and medical terminology
Mobility	Physical abilities sufficient to move from room to room, to maneuver in small spaces and to perform procedures necessary for emergency intervention	• Move around in clinical settings, workspaces, classrooms, laboratories and other treatment areas •sitting for long periods of time in the classroom • Administer cardio-pulmonary resuscitation procedures • Assist all patients, according to the individual's needs and abilities in

		moving, turning, transferring from transportation devices to the imaging table, etc. • Push a stretcher or wheelchair without injury to self, patient, or others • Push ultrasound equipment from one location to another, including turning corners, getting on and off elevator, and manipulating equipment around patient rooms and in small spaces
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective care	• Hand-eye coordination • Perform repetitive tasks • Able to grip • Bend at knee and squat • Reach above shoulder level • Lift with assistance 150 pounds • Exert 20-50 pounds of force (pushing, pulling) • Complete a CPR Healthcare Provider certification course • Climb stairs • Remain in standing position for 3-5 hour periods
Hearing	Normal, corrected, or audible - Auditory ability sufficient to interpret verbal communication from patients and health care team members and to monitor and assess health needs	• Hear monitor alarms, emergency signals, cries for help • Hear telephone interactions • Hear audible stethoscope signals during blood pressure screenings • hear normal and faint voices/sounds • Distinguish audible Doppler signals
Visual	Normal, corrected - Visual acuity sufficient for observation and patient assessment and equipment operations and departmental protocols	• Observe patient condition and needs from a 20 ft. distance • Identify and distinguish colors • View sonographic images and medical reports • Assess image and optimize image parameter • Use depth perception • Use peripheral vision
Tactile	Tactile ability sufficient for patient assessment and operation of equipment.	• Perform palpation, tactile assessment, and manipulate body parts to ensure proper body placement alignment • Manipulate dials, buttons, and switches of various sizes
Environmental	Ability to tolerate environmental stressors	• Be able to tolerate risks or discomforts in the clinical setting that require special safety precautions, additional safety education and health risk monitoring, working with sharps, chemicals and infectious diseases. Student may be required to use protective clothing or gear such as N95 masks, surgical masks, goggles, and gloves. • Work with chemicals and detergents • Tolerate exposure to fumes and odors

		• Work in areas that are close and crowded • Do work in a changing, stressful environment • Adapt to shift work
Teamwork	the combined action of a group of people, especially when effective and efficient	• Work well with others • Work as a team member as well as independently •Develop rapport with patients and medical professionals

Sonography is a practice discipline with cognitive, affective, and psychomotor performance requirements. Based on those requirements, a list of "Technical Standards" has been developed. Each standard has an example of an activity or activities that a potential student will be required to perform while enrolled in the Diagnostic Medical Sonography program. These standards are a part of a sonographer's professional role expectation.
Note: The duties and demands described are representative, and may not be all-inclusive, of those that must be met by a student to successfully complete the course objectives of the DMS program.
***Signing the Attestation Statement Form in this application packet indicates that the applicant has reviewed and confirms that he/she meets and/or exceeds these required physical and mental standards.**

V.) Required Reading for Admission

Every applicant is required to have read the following information. Students accepted into the program will have to sign a form as verification of having been informed of this information.

A.) Drug Testing:

I understand that the healthcare industry requires drug testing upon employment and random testing throughout employment. Therefore, I understand that the Substance Abuse Policy in the SAU Tech Diagnostic Medical Sonography Program requires the following types of drug testing during my enrollment:
1) Scheduled testing at unannounced designated times throughout the program
2) Random testing as required by the clinical agencies or
3) For cause (suspicion, signs of use/abuse, etc…)

B.) Required Criminal Background Check:

Ethics Questions on the Application Form for pursuing an American Registry for Radiologic Technology (Sonography) credential (Taken from ARRT website www.arrt.org)

- Have you ever been charged with or convicted of a misdemeanor or felony? (This includes court convictions and military courts-martial.)
- Has a regulatory authority or certification board (other than ARRT) ever done one or more of the following?
  - Denied, revoked, or suspended your professional license, permit, registration, or certification?
  - Placed you on probation (excluding ARRT Continuing Education probation), under consent agreement, or under consent order?
  - Allowed voluntary surrender of your professional license, permit, registration, or certification?
  - Subjected you to any conditions or disciplinary actions?

- Have you ever been suspended, dismissed, or expelled from an educational program you attended to meet ARRT certification and registration requirements?

If you answer yes to any of these questions, you must report the violation within 30 days of its occurrence or when you submit your application, whichever comes first. See the instructions in the "Self Reporting" section above.

Pre-application Determination of Eligibility for ARDMS Certification: Criminal Matters (Taken from ARDMS website www.ardms.org)

ARDMS conducts a "pre-application review" for individuals who wish to determine the impact of a previous criminal matter on their eligibility to apply for ARDMS certification. The pre-application review process is recommended for individuals who have not yet applied for examination and are contemplating employment in the field of sonography and/or enrollment in a sonography program.

The pre-application review procedure assists an individual in assessing the potential impact of criminal matters on his/her eligibility for ARDMS certification prior to submitting an ARDMS examination application. Under the pre-application review procedure, ARDMS will review only actual (not hypothetical) cases in which a conviction, plea of guilty or plea of nolo contendere has already occurred with respect to a crime (felony and/or misdemeanor), other than a speeding or parking violation. ARDMS will also consider matters involving deferred or withheld adjudication, suspended or withheld sentences and military court marshals. The procedure is not available, for example, for matter involving arrest only, or during a period when a criminal trial or plea bargain is pending.

If you wish to request a pre-application determination on a criminal matter, please provide the information identified on this form along with the pre-application agreement and form (pages 5 and 6) and a non-refundable pre-application fee of $125 USD. The pre-application review procedure is available only for crimes specified on the pre-application form, and does not apply to any crimes occurring after submission of, or otherwise not reported on, the pre-application form. The form, required documentation and payment should be mailed to: Manager, Compliance PERSONAL AND CONFIDENTIAL ARDMS 1401 Rockville Pike, Suite 600 Rockville, MD 20852 You may also send the form, required documentation and credit card payment by: • Fax - 301-560-6679, Attention: Manager of Compliance; or E-mail - Compliance@inteleos.org

1. Pre-application determination involving a criminal matter is only available to first-time Applicants (not schools, relative or Certificants contemplating re-application).
2. Under the procedure, a prospective Applicant must make, and continue to make and keep current, a truthful, full and complete disclosure of all facts and circumstances relevant to criminal matters subject to ARDMS rules. ARDMS will rely on all representations as truthful, full and complete. The pre-eligibility determination of ARDMS is advisory only and applies only to the individual requesting the determination under the particular facts and circumstances presented to ARDMS at the time of the request. If a candidate provides ARDMS information which ARDMS, in its sole discretion, determines is inaccurate or incomplete, or it becomes inaccurate or incomplete over time, the pre-eligibility determination is void and is of no effect, and ARDMS may consider such criminal matters in any assessment of eligibility.
3. When seeking a pre-application determination, or updating ARDMS regarding facts and circumstances relevant to a pending request for a determination, the individual must enclose all court documents relevant to the matter, including, but not limited to, any statement of charges, plea, transcript of remarks at sentencing, sentence, judgment and commitment sheet, and the status of any fines, sentences and probation. Please note that the case must be closed and ALL obligations to the presiding court system must be completed in their entirety before the ARDMS is able to render a determination.
The initial application must include the following related documents to be considered: • Provide a detailed explanation of the matter and the underlying events leading to the investigation, charge and/or conviction. •

Provide any other information you wish to be considered in the investigation • All court documents relevant to matter • Provide documentation of completion of any court ordered remedial programs and community service (if applicable) • Provide documentation of completion of any rehabilitation, counseling or other treatment requirement (if applicable) • If you provide documentation that does not match the name indicated on the pre-application form, please submit evidence of the name change (e.g. copy of marriage certificate, divorce decree or official court document showing name change) • Any letters of recommendation you may wish to provide from employers, instructors or court officials

4. The Applicant must also submit a personal explanation in the form of a written statement which provides a detailed description of the matter(s). The statement should include: •

Whether the crime involved any other individual(s)

- What setting the crime occurred in (e.g. work, school, sporting event, etc.)
- Whether any personal injury to anyone occurred, and if so, the details and outcome
- Whether any property damage occurred, and if so, the details and outcome
- The age of the individual when the crime was committed
- The date of the crime
- The date of the conviction or plea
- Any other criminal matters, whether pending or resolved, since the proceeding at issue
- Whether any other criminal proceedings or civil litigation was instituted by or against anyone relating to the conduct, and the details
- Any mitigating circumstances (such as, favorable conduct or work history with references) that the candidate believes are relevant

5. By applying for a pre-application determination, the individual consents that ARDMS may request and obtain further information concerning the application including, but not limited to, a criminal background check and may require the Applicant to submit information in affidavit form.

6. In reviewing the application, ARDMS may, in its sole discretion, grant or deny the application, in whole or in part and with or without conditions, or decline to issue a pre-application determination entirely. Please note that information submitted through this process may be used to initiate disciplinary action under ARDMS rules, which may be revised from time to time. Such action may result in the imposition of sanctions. 4

7. Each application shall be accompanied by a check or credit card payment for $125 USD, which is non-refundable and is not applied to any other ARDMS application, examination or other fee. It is entirely the responsibility of the Applicant to provide the required documentation for all criminal matters with his or her pre-application submission. If an Applicant fails to submit all of the required documentation, ARDMS will not review the pre-application request. Please note that the $125 USD fee is non-refundable, and the pre-application materials submitted will not be returned.

8. The Applicant shall be notified in writing when ARDMS has completed its assessment.

9. The review process could take up to six (6) months to be completed based on the severity of the matter(s) reported.

If you have any questions, please contact one of the following:

Ms. Stephanie Tutor, Director of Sonography
870-574-4596
stutor@sautech.edu

Ms. Shelley Young, Dean of Allied Health
870-574-4475
syoung@sautech.edu

SAU TECH SONOGRAM PROGRAM
<u>APPLICATION</u>

APPLICATION: PRINT LEGIBLY

1. <u>**Name:**</u>

LAST	FIRST	MIDDLE	(MAIDEN)

2. <u>**Contact Information:**</u>

Address: _____

City: _____ State:_____ Zip:_____ County:_____

Please check the box below of the phone number that you wish to be your primary contact method

☐Home Phone:_____ ☐ Cell Phone:_____ ☐Work Phone: _____

E-mail address: _____

<u>**Emergency Contact Information:**</u>

Name: _____ Relationship to student: _____

Address: _____ City:_____ State: _____

Zip:_____ E-mail address: _____

Phone #1:_____ (☐home ☐cell ☐work)

Phone #2:_____ (☐home ☐cell ☐work)

3. <u>**Demographic Information**</u>: Sex: ☐ Male ☐ Female

Date of Birth (mm/dd/year): _____/_____/_____ Age, **as of June 1, 2022**: _____

Social Security Number: _____-_____-_____

<u>Predominant Race/Ethnicity</u>: ☐ White/Caucasian ☐ Black/African American ☐ Hispanic/Latino
☐ Asian ☐ Native/American Indian ☐ Other: _____

Upon acceptance into the Diagnostic Medical Sonography Program, a criminal background check will be performed. A student who has a criminal history of any of the offenses that prevent licensure examination approval is not eligible to enter or to remain in the sonography program and will either not be accepted or if results are returned after acceptance into the program the student will be required to withdraw.

Many clinical facilities also deny a student from performing clinical rotations there if certain offenses have been committed. Some of these facilities perform their own background check on the students and some require that the program provide them with the student's criminal background check results. If a student is denied approval for clinical rotation in any of the facilities that are utilized for the clinical practicum courses, that student is no longer eligible to remain in the sonogram program and will be required to withdraw due to inability to complete program requirements.

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Due to the circumstances stated above, it is very important that the student provide honest answers to the following questions (even if the applicant believes their record has been sealed &/or expunged):

    A. **Have you EVER been convicted of a felony or a misdemeanor?**   ☐ **Yes**   ☐ **No**

    B. **Do you have a felony or misdemeanor charge pending?**   ☐ **Yes**   ☐ **No**

    C. **Have you ever been convicted of child or elderly maltreatment, abuse or neglect?** ☐ **Yes**   ☐ **No**

If you answered yes to any of these questions, submit an explanation of the felony and/or misdemeanor to the Dean of Allied Health in a sealed envelope with your application.

4. **Education:** List only the high school you graduated from; List ALL COLLEGES ATTENDED. **An official transcript from ALL COLLEGES ATTENDED is MANDATORY.** If a student has attended a college but does not list it here, it may disqualify the applicant from selection/admission into the program. List all health science programs that you have GRADUATED from and/or any CURRENT Medical Certifications and/or Licensures that you hold below (transcript proof of graduation from program must be submitted with application for credit of points):

Type of School	Name of School	What Year(s) Did You Attend? (ex: 2018-2000)	Year Graduated (or year of GED completion)	Type of Diploma, GED, or Degree Earned; Put N/A if none were earned
High School				
Health Science Program				
Certification				
College				
College				
College				
College				

5. Are all your transcripts on file in the admission department at SAU Tech? ☐ Yes   ☐ No

6. Have you previously been enrolled in a sonogram program, including the SAU Tech one? ☐ Yes   ☐ No

If yes, a letter of recommendation and good standing from the program director is required to be submitted with this application. Honesty is required on this application. Anyone who selects no but has actually been in another nursing program will not be selected or will be dismissed from the program if it is found out after admission.

First Sonogram program attended:

If yes, which program/college: _____ Year: _____

    What was the reason for incompletion? _____

Second Sonogram program attended:

If yes, which program/college: _____ Year: _____

    What was the reason for incompletion? _____

Personal Statement

Please write or type a personal statement below or on a separate sheet of paper in your own words that (a) tells us about you, (b) explains the reason you want to be a sonographer, and (c) describes what you will do to meet the demands of the Diagnostic Medical Sonography Program. Provide any information that you feel is relevant to being selected for this sonography program.

Attestation Form

By signing below, I acknowledge that:

(a) I hereby attest that the information contained in this application is true and complete to the best of my knowledge;

(b) I understand that falsifying any records pertinent to this application can lead to ineligibility for admission &/or immediate dismissal from the Diagnostic Medical Sonography Program;

(c) I have read the 'Required Reading for Admission' section, understand the information that is included, and verify that I do not have any crimes in my history, even sealed or expunged ones, that result in permanent disqualification for licensure by the American Registry of Radiologic Technologist (Sonography) and/or American Registry for Diagnostic Medical Sonography;

(d) I agree to submit to drug testing and criminal background checks as per the program's policies; and

(e) I meet or exceed the required mental and physical abilities.

I understand it is my responsibility to inform the SAU Tech Dean of Allied Health if anything changes during the course of the program that results in my inability to abide by these statements &/or requirements.

Printed Name: _____

Signature: _____

Date: _____