

CORPORATE AND CONTINUING EDUCATION SONOGRAPHY PROGRAM APPLICATION



Check the program for which you are applying to: General Sonography Cardiovascular Sonography

Please print or type:

Last Name First Name Maiden/Middle Social Security #

Address (include apt. #) City State Zip Code

Phone Number(s) Email Address

Emergency Contact Name Emergency Contact Telephone Number

SECONDARY COLLEGE INFORMATION

Please list all colleges attended beginning with the most recent.

Institution Name _____ State _____

Last Date Attended: ____ / ____ / ____

Degree Earned _____ GPA _____

Institution Name _____ State _____

Last Date Attended: ____ / ____ / ____

Degree Earned _____ GPA _____

Institution Name _____ State _____

Last Date Attended: ____ / ____ / ____

Degree Earned _____ GPA _____

Use an additional sheet if necessary.

PREREQUISITE COURSES – must be taken within 5 years of start date of sonography program.

Please check if you have taken the following:

- Anatomy and Physiology I
- Anatomy and Physiology II
- Medical Terminology

REFERENCES

Please list 3 references that can attest to your work ethic and people skills, include their relationship to you and their contact information.

_____	_____	_____	_____
Last Name	First Name	Maiden/Middle	
_____	_____	_____	_____
Address (include apt. #)	City	State	Zip Code
_____	_____	_____	_____
Phone Number(s)		Relationship to You	
_____	_____	_____	_____
Last Name	First Name	Maiden/Middle	
_____	_____	_____	_____
Address (include apt. #)	City	State	Zip Code
_____	_____	_____	_____
Phone Number(s)		Relationship to You	
_____	_____	_____	_____
Last Name	First Name	Maiden/Middle	
_____	_____	_____	_____
Address (include apt. #)	City	State	Zip Code
_____	_____	_____	_____
Phone Number(s)		Relationship to You	

WORK EXPERIENCE

Please begin with most recent employer.

Name of Employer _____ Position _____

Dates of Employment : _____ / _____ / _____ to _____ / _____ / _____

Contact Name _____ Phone Number _____

Name of Employer _____ Position _____

Dates of Employment : _____ / _____ / _____ to _____ / _____ / _____

Contact Name _____ Phone Number _____

Name of Employer _____ Position _____

Dates of Employment : _____ / _____ / _____ to _____ / _____ / _____

Contact Name _____ Phone Number _____

TRANSCRIPTS

Please have official transcripts sent as soon as possible. Your application will not be considered complete without these. Use attached form.

APPLICATION FEE

Please send \$25 application fee along with your application. Any application not accompanied by the fee will not be processed.

QUESTIONS

Please answer the following questions in two to three sentences.

1. Why do you want to begin a career in sonography?

2. What have you done to verify that sonography is the career that you would like to pursue?

3. Why do you believe you would be a competent sonographer?

4. Explain how you will be able to devote 15 months full-time to this program.

CORPORATE AND CONTINUING EDUCATION SONOGRAPHY PROGRAM TRANSCRIPT REQUEST FORM



Please forward an official copy of my transcripts, including date of graduation, SAT/ACT scores, if applicable, to:

Midlands Technical College

Continuing Education – Sonography Program

PO Box 2408

Columbia, South Carolina 29202

803.732.5221

Name of student (printed)

Social Security # or Student ID

Signature

Date

CORPORATE AND CONTINUING EDUCATION SONOGRAPHY PROGRAM ACADEMIC AND PROFESSIONAL STANDARDS



A student entering the profession of Medical Sonography must understand that they are entering a field of medicine that requires certain academic and professional standards that other career choices may not.

Professional dress, appearance, and modes of communication must be of certain standards in order to maintain the confidence and care of the patient. Patients under the care of sonographers present themselves in all ages, cultures and of various ethnic origins; therefore trendy modes of dress and appearance are not allowed. The program has an established dress code and a code of conduct you must follow throughout the academic year.

Your signing of this form indicates that you understand the requirements of the program and that if accepted into the program you meet the academic standards and that you agree to abide by the professional standards.

Printed Name of Applicant

Date

Applicant Signature