

APPLICATION PACKET | 2020

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM



Thank you for your interest in the VUMC Diagnostic Medical Sonography Program! You have taken the first step toward an educational path with us! The application process is the first of several phases to our final class selection each year. This phase requires a diligent attention to detail to ensure you have gathered and submitted all required documentation in one single mailing envelope back to us for admission consideration.

This packet will provide you with information about our program to assist you in making an informed decision about our program, as well as, provide the application form which will guide you through its completion. Please look carefully through all of this programmatic information in this packet and on the website prior to completing your application form. Once you have made your decision to submit your application, the form will provide every step necessary to do so and includes a checklist for your benefit to ensure its completion. Should you have any questions about the form or application phase of our selection, do not hesitate to reach out via email to Tawana Marchbanks (tawana.marchbanks@vumc.org) or myself.

We look forward to reviewing your application and supporting documentation. Please be advised that applications are not reviewed for admission purposes until after the deadline has passed. The next phase in our selection will begin within 30 days of the application deadline. Please be patient during that time and understand we are diligently reviewing all applicants equally while also serving the needs of our current students. You may visit the website regularly for any updated information posted there.

Sincerest Regards,

Jill D. Webb

Jill D. Webb, BS, RT(R), RDMS, RVT
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DOCUMENTS INCLUDED:

- Mission, Philosophy, Goals, and Objectives
- Admission Policy
- Academic Calendar for 2020-2022
- Reference Procedure
- 2020 Application

MISSION, PHILOSOPHY AND GOALS & OBJECTIVES | 2020

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

MISSION

The Vanderbilt University Medical Center Diagnostic Medical Sonography Program is dedicated to providing quality education for its students in order to promote excellence in the art and science of sonography. Guided by the Mission of the Medical Center, the Program strives to provide academic and clinical experiences that produce competent and compassionate sonographers with a commitment to the performance of quality imaging and the pursuit of lifelong learning.

PHILOSOPHY

It is the philosophy of the Program that all patients have the right to receive competent and compassionate care to promote overall health and wellness. Diagnostic Medical Sonographers must possess the skills and knowledge necessary to think critically during the delivery of such care while performing sonographic procedures. The Program is committed to providing the healthcare system with sonographers who are competent and compassionate critical thinkers with a goal of continuously learning throughout their career.

GOAL AND OBJECTIVES

The sonography profession requires the ability to provide diagnostic sonographic imaging utilizing critical thinking skills to make judgments in the process. Sonographers are professionals who must possess high level skills in diagnostic sonographic techniques under the guidance of a licensed physician. A sonographer is responsible for providing excellent patient care and gathering adequate data necessary for diagnoses to be determined.

The VUMC DMS Program's goal is to prepare competent entry-level general sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. Graduates of the VUMC DMS Program will be able to perform, at minimum, the following objectives:

Cognitive:

1. Obtain, review and integrate pertinent patient data to facilitate optimum diagnostic results.
2. Demonstrate critical thinking skills during the performance of sonographic procedures to provide optimum diagnostic services.

Psychomotor:

1. Perform sonographic procedures appropriately and accurately recording all anatomic and physiologic information for interpretation by a physician.
2. Document and present complete and accurate sonographic findings to the interpreting physician in order to facilitate patient diagnosis.
3. Maintain optimal function of the sonographic equipment.
4. Assist physician during invasive ultrasound guided procedures.

Affective:

1. Demonstrate effective communication skills with patients and all members of the healthcare team.
2. Provide compassionate patient care and education to promote overall well-being.
3. Act in a professional manner within recognized ethical and legal standards.
4. Demonstrate a commitment to lifelong learning.

Upon graduation, students will have demonstrated and completed all clinical and academic competencies required for eligibility to take the American Registry of Diagnostic Medical Sonography (ARDMS) certification exams in the accredited area(s) of study.

ADMISSIONS POLICY | 2020

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

Candidates for admission must satisfy **EACH** of the following criteria by submission of official transcripts:

1. High school diploma or the equivalent
2. Post-secondary education which, at minimum, meets one (1) of the following with a cumulative GPA of no less than 2.75*
 - A Bachelor's or an Associate's Degree (Applied Associate's is also acceptable) from an accredited allied health program in direct patient care and possess the recognized credential in the healthcare specialty*
 - Bachelor Degree from an accredited college or university
 - Demonstrate eligibility for the Bachelor's Degree upon completion of the VUMC Diagnostic Medical Sonography Program curriculum from one of the following Affiliate Institutions:
 - Austin Peay State University
 - Middle Tennessee State University*(This option requires written recommendation from the affiliate institution's faculty advisor.)*
3. Six (6) pre-requisite courses* at an accredited post-secondary institution with a grade of 'C' or better:
 - Algebra or College Math equivalent
 - General Physics (Radiographic Physics will be accepted)
 - Minimum of 2 semesters of Biological Sciences, including one semester of Human Anatomy and Physiology
 - Medical Terminology
 - English Composition or Speech *(must be completed at a college or university within the United States)*

****Individuals may submit application with incomplete pre-requisite coursework by indicating a plan of action to satisfy this requirement prior to matriculation (see Application for Admission).***

Applicants with pre-requisite course work from an institution outside of the United States MUST have an official, detailed translation of their coursework into the US equivalency sent to the program from the World Education Services (WES). International applicants who do not provide official documentation of acceptable US course and degree equivalency will not be considered during the application process.

**ACADEMIC CALENDAR
 CLASS OF 2020-2022**

FIRST ROTATION (12 WEEKS)	
<i>September 28, 2020 – December 18, 2020</i>	
Program Orientation	September 21-25, 2020
Thanksgiving Break	November 23-27, 2020
Christmas Break	December 21, 2020 – January 1, 2021
SECOND ROTATION (12 WEEKS)	
<i>January 4, 2021 - March 26, 2021</i>	
THIRD ROTATION (12 WEEKS)	
<i>March 29, 2021 – June 18, 2021</i>	
Memorial Day	May 24, 2021
SUMMER BREAK	
June 21-25, 2021	
FOURTH ROTATION (12 WEEKS)	
<i>June 28, 2021 - September 17, 2021</i>	
Independence Day	July 4, 2021
Labor Day	September 6, 2021
FIFTH ROTATION (12 WEEKS)	
<i>September 20, 2021 – December 17, 2021</i>	
Thanksgiving Break	November 22-26, 2021
Christmas Break	December 20, 2021– December 31, 2021
SIXTH ROTATION (12 WEEKS)	
<i>January 3, 2022 - March 25, 2022</i>	

REFERENCE PROCEDURE | 2019

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

Each applicant must follow the steps below to obtain proper references for the application and selection process. *Please read this information **carefully** before proceeding with reference requests.*

Beginning with the Application Period in 2016, references will be obtained via an electronic survey *ONLY*. **NO PAPER references will be accepted!**

Rationale: The use of an electronic survey will make the application phase more efficient for potential candidates and provide confidence in the security and confidentiality of the reference feedback.

REFERENCE PROCEDURES:

1. Identify three (3) individuals to provide a reference for admission consideration. An applicant may select any individual, but is advised the selection process prefers, in order, the following types of references which have:
 - a. Supervisory (academic or work-related) relationship to the applicant
 - b. Professional (coworker or mentor) relationship to the applicant
 - c. Maintained at least a six (6) months relationship to the applicant (longer is preferred)
 - d. Friends/Family are strongly discouraged unless a supervisory or professional relationship has existed

Please do not request more than three (3) references, as additional ones will not benefit you in the selection process.

2. After references are selected, a request should be made in writing. This request may be via email or a printed document. A suggested template for this request is included at the end of this document. (Hint: Email would be easiest and most efficient to use in order to provide a link directly to the website.)
3. Provide the appropriate link to those selected as references.
<https://is.gd/DMSReference2020>
4. Secure a form of documentation for each request made and/or completed to submit with the other application documents. The following options may be utilized:
 - a. A copy of a sent email demonstrating the request was made.
 - b. A copy of an email received indicating a reference survey was completed. ***(This may be requested at the end of its completion by the reference.)***
 - c. Any form of written communication between the applicant and the reference which identifies the request/completion has taken place.

REFERENCE PROCEDURE CONT'D

TEMPLATES

Suggested (not required) request templates (feel free to copy and paste directly into your document/email).

Suggestion 1:

I am submitting my application for admission consideration to the Vanderbilt University Medical Center's Diagnostic Medical Sonography Program. The application process requires the submission of three (3) references through an online survey. I would like to ask you to take a few minutes of your time to provide a candid reference for me. The link below will take you directly to the survey, which is secure and confidential. Once you have completed the survey you will have an opportunity to request a confirmation email of its completion. I would also like to ask that you forward to me the confirmation email once you receive it. The application requires that I document reference requests and/or completion for submission with my application. You will be offered an opportunity to upload any personalized letter of reference, but the process does require completion of the survey in order to be considered.

The survey can be accessed on the Program's website at: <https://is.gd/DMSReference2020>

I appreciate your attention to my request and the required deadlines for submission. My application documents must be postmarked no later than _____. Your timely attention is requested for me to be considered a candidate for admission.

Regards,

Suggestion 2:

I am writing to ask that you complete a reference for my admission consideration to Vanderbilt University Medical Center's Diagnostic Medical Sonography Program. The reference must be completed through a convenient, but secure and confidential online survey. At the time of completing the survey you will be permitted to upload any additional letter of reference, but I cannot submit a letter without the survey. In order to complete my application, I must submit documents regarding the references requested. I will be submitting a copy of this message, but would also like to ask you to forward the confirmation message you will be given an opportunity to receive. This confirmation will be an efficient method for me to know my submission is complete.

My application documents must be postmarked no later than _____. I appreciate your timely attention to my request and your candid feedback on the reference survey.

The survey can be accessed on the Program's website at: <https://is.gd/DMSReference2020>

Regards,

APPLICATION FOR ADMISSION | 2020

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

In compliance with federal law, including the provisions of Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University Medical Center and its Center for Programs in Allied Health do not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship or loan programs; or employment. In addition, the Vanderbilt University Medical Center and its Center for Programs Allied Health do not discriminate on the basis of sexual orientation consistent with the Medical Center nondiscrimination policy.

PERSONAL INFORMATION

Name of Applicant: _____
FIRST MIDDLE LAST

Current Mailing Address: _____

E-mail Address: _____ Phone Number: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

CITIZENSHIP / RESIDENCY INFORMATION

NOTE: US Citizenship, permanent residency (i.e., green card), or legal eligibility to study in the country (i.e., student visa) is required for all applicants.

Are you a US citizen? YES NO

If not a US citizen, are you a permanent resident or eligible noncitizen? YES NO

If permanent resident, USCIS # _____ Country of Citizenship: _____

Enclose a copy of your Permanent Resident Card (I-551/Green Card) or asylee or refugee documentation with this application.

If not a US citizen, are you eligible to study in the US? YES NO

If permitted to study, visa # _____ Country of Citizenship: _____

Enclose a copy of your student visa documentation with this application.

At VUMC, all instruction occurs in English. VUMC does not offer English as a Second Language (ESL) instruction. Applicants whose native language is not English may be required to submit scores on the Test of English as a Foreign Language (TOEFL) or International English Language Testing Service (IELTS) as part of the admission process.

SECONDARY EDUCATION INFORMATION

High School: _____ Year of Graduation: _____

Address: _____ City, State, ZIP: _____

ADMISSION CRITERIA - Place an X by the applicable option and provide detailed information

Degrees may be in progress at the time of application and completed prior to matriculation. Degrees awarded at an institution outside of the U.S. must be translated into the U.S. equivalency coursework**.

_____ Bachelor's Degree
 Institution: _____ Major: _____ Year: _____

_____ Allied Health Degree (BS, AS, or AAS)
 Institution: _____ Major: _____ Year: _____

_____ Degree Completion (This option requires written recommendation from the affiliate institution's faculty advisor.)
 Place an X to indicate institution affiliation.

_____ Austin Peay State University

_____ Middle Tennessee State University

* Proof of completion in the form of a bachelors degree diploma will be required at the time of acceptance.

**For education obtained at a non-U.S. Institution, translation into the U.S. equivalency (i.e., equivalence of credits per course and of degree conferred) by an independent evaluation provider must be submitted with this application (translation into English language only is NOT accepted). The following are examples of foreign transcript and degree evaluators. VUMC does not endorse any evaluators.

Foreign Consultants: <http://www.foreignconsultants.com/>
 Educational Perspectives: <http://www.educational-perspectives.org/>
 International Research Foundation, Inc.: <http://www.ierf.org/>

Educational Credential Evaluators: <http://www.ece.org/>
 International Consultants of Delaware: <http://www.icdeval.com/>
 World Education Services: <http://www.wes.org/>

PREREQUISITE REQUIREMENTS

Prerequisite requirements do not need to be completed before the application deadline, only before matriculation into the program.

Prerequisite	Course Name	Semester (Credit) Hours	College/University	Highest Letter Grade	Grade C or better on 1 st attempt	Semester/Year Completed or Enrolled
Minimum of 1 credit hours of Medical Terminology						
Medical Terminology					Yes No	
Minimum of 6 credit hours of Biology (at least 3 credits MUST be Anatomy/Physiology)						
Anatomy/Physiology					Yes No	
Biological Science					Yes No	
Biological Science					Yes No	
Minimum of 3 credit hours of Physics						
Physics					Yes No	
Physics					Yes No	
Minimum of 3 credit hours English (Written OR Speech; MUST be completed at a U.S. institution)						
Communication					Yes No	
Communication					Yes No	
Minimum of 3 credit hours College Level Mathematics (Algebra or above)						
College Math					Yes No	
College Math					Yes No	

REFERENCES

List names and affiliations of three professionals that you have asked to complete reference surveys on your behalf. Recommendations from academic and work-related experiences will be considered professional. ONLY three references will be evaluated with your application. Instructions for submitting references are included in the application packet.

Name: _____ Relationship: _____ Length of Relationship: _____

Name: _____ Relationship: _____ Length of Relationship: _____

Name: _____ Relationship: _____ Length of Relationship: _____

RESUME

Provide a personal resume to include the following information with dates:

- ALL academic institutions attended and achievements
- ALL employment experiences (include specific location) and responsibilities
- ALL licensures/credentials, including agency/organization and license/credential number(s)
- Academic and/or employment honors or awards
- Professional organization membership
- Professional development activities (additional professional training)

- Extra-curricular activities
- Leadership opportunities

PERSONAL STATEMENT

Each applicant must submit a personal statement, of no more than 2 pages, along with the application. The statement must clearly demonstrate the applicant's perspective on the field of sonography by answering the following questions:

1. What is the current state of the sonography profession?
2. What is the future of sonography?
3. What contribution can you offer upon entering the field of sonography?

ACTIVITY STANDARDS

Physical Activity Standards

Diagnostic Medical Sonographers must be able to perform a variety of physical movements in order to care for and manipulate patients and heavy equipment. Any student admitted to the program must acknowledge his/her ability to carry out the following technical standards with or without reasonable accommodations:

- Push, pull or lift 50 pounds routinely and more than 50 pounds occasionally
- Bend, stoop, kneel, squat or sit and reach routinely
- Adequately control imaging transducer and manipulate equipment weighing up to 500 pounds on wheels
- Adequately visualize and perceive image data on computer and video monitors to acquire and interpret sonographic image data with color distinction
- Sufficiently distinguish fine audible differences including Doppler signals, patient and co-worker communication and patient conditions such as respiration or movements
- Fluently demonstrate English language skills to provide optimum communication with patient and healthcare team members (Please see Language Policy)
- Follow verbal and written instructions to provide optimum care for patients

Intellectual and Emotional Standards

Diagnostic Medical Sonographers must also possess intellectual and emotional qualities that permit adequate care for patients and response to unexpected or emergent situations. Any student admitted into the program must acknowledge his/her ability to demonstrate the following qualities with or without reasonable accommodations:

- Problem solve and interpret data in both routine and emergent situations
- Empathy
- Emotional stability and maturity
- Courtesy and compassion to patients and their families, as well as co-workers
- Adaptability and flexibility to clinical or didactic schedule changes
- Follow protocols and organize sonographic examination data accurately to facilitate patient diagnosis
- Maintain patient confidentiality

IMMUNIZATION REQUIREMENTS

Upon acceptance, students must provide written documentation of the following:

- Two (2) negative TB skin tests within the past 12 months with the most recent being within the past three (3) months. A TB blood test (IGRA) **within the past 3 months** will be accepted in lieu of the two TB skin tests. If history of a positive skin test or positive TB blood test is present, a chest x-ray within the past 6 months will be necessary.
- If born on or after January 1, 1957: two (2) live measles vaccinations after the 1st birthday at least one month apart OR laboratory evidence of immunity to measles, mumps and rubella. If born before January 1, 1957: laboratory evidence of immunity to rubella.
- Laboratory evidence of immunity to varicella (chickenpox) or 2-dose immunization series
- Hepatitis B immunization (series of 3 injections), immunization series in progress or written documentation of informed refusal of immunization

- Tetanus/Diphtheria booster within the past 10 years is recommended, but not required
- Annual influenza vaccine no later than December 1
- One (1) booster dose of pertussis vaccine in the form of Tdap. Routine adult Td boosters and the childhood DTP/DTaP vaccines do not satisfy this requirement.

APPLICANT CHECKLIST

Applications will be accepted by the Center for Programs in Allied Health with postmarks dated on or before the deadline listed below. **ALL SUPPORTING APPLICATION DOCUMENTS FOUND IN THE CHECKLIST BELOW MUST BE SECURED BY THE APPLICANT AND INCLUDED WITH THE APPLICATION FOR ADMISSION IN ONE MAILING ENVELOPE.** Failure to follow these instructions will impact the admission evaluation of your application.

Full submission of application materials by the applicant **MUST** include the following:

- _____ completed application (**postmark deadline of March 31, 2020**)
 - _____ non-refundable \$50 application fee (check/money order payable to VUMC – do NOT send cash)
 - _____ confirmation of 3 reference survey requests/completions (see Reference Instructions)
 - _____ personal resume
 - _____ personal statement
 - _____ official transcripts for ALL post-secondary coursework in sealed envelope(s)
(if education was obtained at a non-U.S. Institution, translation into the U.S. equivalency must be secured (translation into English language only is NOT accepted)
-

APPLICANT SIGNATURE

I certify that the information given on this application is complete and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for dismissal or denial of consideration. I understand that an offer of admission will require compliance with the Activity Standards and Immunization Requirements outlined in this application. I understand that if selected for admission to this program, my acceptance is conditional on successfully completing a background check and drug screen conducted by Vanderbilt University Medical Center. I understand that my acceptance to the program is contingent upon the successful completion of any outstanding prerequisites (if applicable) and that verification must be provided to the Program prior to matriculation. I understand that all documents submitted to Vanderbilt University Medical Center will be retained permanently by the Program regardless of my admission status.

Signature: _____ Date: _____

Mail completed application packet (reference checklist above) to the following address:

Center for Programs in Allied Health
 Attn: DMS Program
 2211 Garland Ave.
 MRB IV, 3402
 Nashville, TN 37232-0495

Vanderbilt University Medical Center
 Center for Programs in Allied Health | Diagnostic Medical Sonography Program
 2211 Garland Ave, MRB IV 3402 | Nashville, TN 37232-0495 | (615).875.3666