

HCC Coleman College Health Science Center of Excellence

DIAGNOSTIC MEDICAL SONOGRAPHY

Advanced Technical Certificate (ATC)

Application Form - FALL 2024

Early Application Period: Nov 6, 2023 - Feb 2, 2024 | Regular Application Period: Feb 5, 2024 - June 3, 2024

Complete and submit the program application via email to co.dmsoadmit@hccs.edu, for more information on program admission requirements, please refer to the [program admission guide](#).

Last Name:		First Name:	
HCC Student ID No: (9 digit number) :			
Preferred Email:		Phone:	

Pre-Admission Checklist

<input type="checkbox"/>	EDUC 1300 – Learning Framework. Required only, if new to college or transferring to HCC with less than 12 college-level credits.																												
<input type="checkbox"/>	The program information session is a mandatory requirement of the admission process. Please register and attend the virtual program information session at Diagnostic Medical Sonography Houston Community College - HCC (hccs.edu)																												
<input type="checkbox"/>	HCC Coleman college advisor visit note or email must be submitted with the program application.																												
<input type="checkbox"/>	Prospective students must have completed an Associate Degree in Allied Health (2-year educational program in a patient-care related area) OR Bachelor's degree in any area. Note: An Associate of Arts (AA) or an Associate of Science (AS) is NOT equivalent to an Associate of Applied Science (AAS) in Allied Health. Official college transcript should show a degree was conferred.																												
<input type="checkbox"/>	Submit unofficial transcripts with the program application form and official transcripts from each College/University you have attended (except HCC transcripts) to HCC, via email to admissions@hccs.edu or by mail at: Houston Community College, Office of Admissions & Records, P.O. Box 667517, Houston, TX 77266-7517. Foreign transcripts should be evaluated by an accredited evaluation agency.																												
<input type="checkbox"/>	Submit complete Hep B, MMR, Varicella with titers in the Complio system houstoncccpliance.com by the program application submission deadline. <ul style="list-style-type: none"> Completion of Hepatitis B immunization series (may take up to 6 months to complete) and should be valid within 10 years, fast track is accepted. Upon completion of the Hep B series, a titer must be taken to prove immunity. Completion of 2 Measles, Mumps, and Rubella (MMR) shots and titer within the last year. Completion of 2 Varicella shots and titer or a positive titer within the last year. 																												
<input type="checkbox"/>	Completion of the following courses with a minimum grade of "C" no later than the application deadline. *BIOL 2301+2101 or BIOL 2401 or higher course. ** PHYS 1305 or higher or Physics for Allied Health or Radiographic Physics.																												
	<table border="1"> <thead> <tr> <th>Course</th> <th>Grade</th> <th>Semester</th> <th>Name of School</th> </tr> </thead> <tbody> <tr> <td>MATH 1314 or Higher</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHYS 1305**</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BIOL 2301* &</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BIOL 2101* OR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BIOL 2401*</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ENGL 1301 or higher or Speech</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Course	Grade	Semester	Name of School	MATH 1314 or Higher				PHYS 1305**				BIOL 2301* &				BIOL 2101* OR				BIOL 2401*				ENGL 1301 or higher or Speech			
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<input type="checkbox"/>	Submit HESI Exam scoring sheets with all required sections indicated on the admission guide with the program application. HESI official scores must be downloaded directly from Elsevier/Evolve website in a .pdf format. <u>No minimum score is required for admission</u> , but all sections must be taken.																												

APPLICATION VERIFICATION

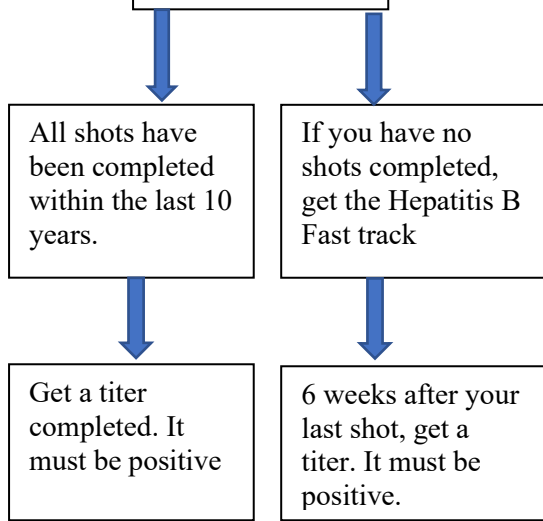
By signing below I acknowledge that I have fully read and understand the Program Admission Guide. I also understand that if I have any questions or concerns about the Program Admission Guide, it is my responsibility to discuss this with the Program Advisor. I certify that the information provided in this application and ALL supporting documentation is correct and complete. I understand that omission or falsification of any information is grounds for non-selection, or dismissal. If accepted into the program, I agree to meet all entrance requirements and adhere to the requirements and the spirit of the rules, regulations, and procedures of the Houston Community College System and the Diagnostic Medical Sonography ATC program.

Student Signature

Date

☐ Have you created the Complio account and submitted the below-required immunization? Please fill out the immunization received date on the below form. Yes ☐ No ☐

Hepatitis B



Fast Track

Shot #1

Shot #2

OR

6-month series

Shot #1

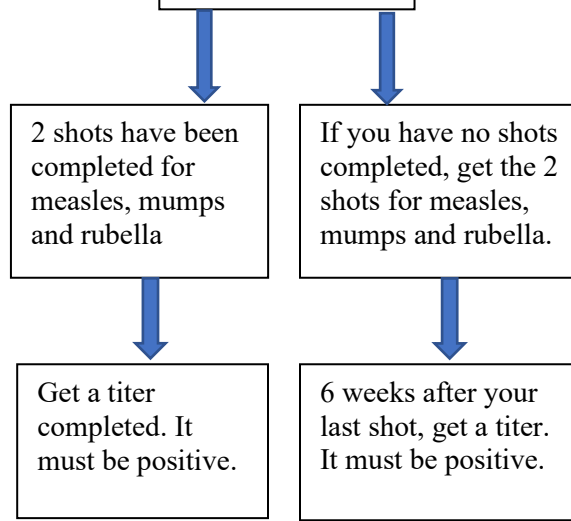
Shot #2

Shot #3

Positive Titer

If you do not have a record of your shots, we will accept a titer only

MMR



Measles

Shot #1

Shot #2

Mumps

Shot #1

Shot #2

Rubella

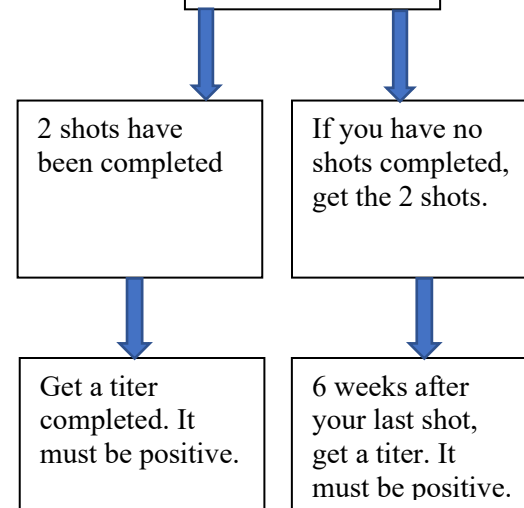
Shot #1

Shot #2

Positive Titer

If you do not have a record of your shots, we will accept a titer only

VARICELLA



Shot #1

Shot #2

Positive Titer

If you do not have a record of your shots, we will accept a titer only