

**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION (GENERAL CONCENTRATION)
(FORM A)**

Application Deadline: Applications accepted between **November 1, 2010 – October 28, 2011**

Program Start: **April 2, 2012**

Program Overview

The Kaiser Permanente School of Allied Health Sciences (KPSAHS) Diagnostic Medical Sonography Program is 18-months (6 quarters) in length consisting of classroom and clinical education in abdominal, obstetrical, and gynecologic specialty areas. The Program is a general concentration curriculum with a limited introduction to basic vascular Sonography. Sonographers, also known as Ultrasound Technologists, use high-frequency sound waves to image organs, masses, and fluid accumulations within the body. KPSAHS' Diagnostic Medical Sonography Program is accredited by the Joint Review Committee on Education in Diagnostic Medical Sonography (JRDMS) and the Commission on Accreditation of Allied Health Education Programs (CAAHEP). KPSAHS has received full institutional approval to operate from the Bureau for Private Postsecondary and Vocational Education (BPPE), in accordance with the provisions of California Education Code 94866 or 94890.

Application Procedure - Please refer to the **Application Instructions [pdf]** located on the KPSAHS Sonography Program (General) web page where the Application Procedure outlined below is explained in detail.

1. Application Packet – Applicants must collect all documents required to submit an Application Packet.

A completed application packet includes the following:

- Current application, completed, signed, and dated to be turned in no later than the specified deadline.
- Two (2) letters of reference bearing an original signature and current date. References are to be included in the Application Packet, not mailed in separately.
- To verify completion of prerequisites, all educational information provided must be validated by **officially sealed** (unopened) academic transcripts and accompany the application packet. **While KPSAHS recognizes coursework from Regional Institutional Accrediting Organizations and Professional Accrediting Organizations, KPSAHS does not recognize all Professionally Accredited Organizations.** See Application Instructions for submission of Military and Foreign transcripts.
- \$25.00 **non-refundable** handling fee for each program. (Cash will not be accepted.)

2. Submit the Completed Application Packet – Deliver your completed Application Packet (either by mail or hand carried) to:

**Kaiser Permanente School of Allied Health Sciences
938 Marina Way South, Richmond, CA 94804**

- Only completed application packets will be accepted.
- KPSAHS will not assume responsibility for mailed applications.
- KPSAHS will not accept separately mailed transcripts or letters of recommendation.
- **KPSAHS is closed to the public during the inter-quarter break: Dec. 19, 2011-Jan. 2, 2012. Applications will not be accepted.**

3. Assessment Test – After submission of a completed Application Packet., all applicants are required to take and achieve a passing score on the Wonderlic Scholastic Level Exam.

- Testing is only administered at the KPSAHS main campus during the application period and must be completed by the specified deadline.
- *It is the applicant's responsibility to meet the testing requirement. The program will not contact applicants regarding this test. There are NO exceptions.*

4. Evaluation - KPSAHS evaluates the submitted Application Packet and all program requirements. Those applicants who are selected will be contacted by phone and scheduled for an interview. Due to the large quantity of applications received, KPSAHS does not obligate itself to interview all applicants.

Tentative Application and Acceptance Schedule

Completed Application Packets and Assessment Examination	November 1, 2010 – October 28, 2011
Panel Interviews	2 nd and 3 rd Week of November 2011
Selection of Classes	4 th Week of November 2011

*Dates and hours are subject to change due to recognized holidays and KPSAHS events.

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Have you previously applied to the Sonography Program (General Concentration)? Yes No year(s): _____

PLEASE ANSWER ALL QUESTIONS AND PRINT CLEARLY

1. Legal Name

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Last Name Suffix (e.g., Jr., Sr.)

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First Name Middle Name

Other Name(s) that may appear on your academic records

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Last Name

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First Name Middle Name

2. Last 4 digits of Social Security Number

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3. Current Mailing Address

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Street Address Apartment

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City State Zip Code

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Country, if not USA International Postal Code

4. Day Telephone

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Area Code Number Extension

5. Home Telephone

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Area Code Number Extension

6. E-Mail _____

For Office Use Only: Application Review

Date:

Reviewed by:				Assessment Exam				Handling Fee
				Score	Date	Photo ID	Intl.	
Official Transcripts	Prerequisite Coursework	Recommendation Letters	Form B Scantron					Check #
								CC Cnf#
								M/O#
Verified	Verified	Verified	Verified					Mailed In: <input type="checkbox"/>

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NOTE: Applicants must satisfy and fill out requirement #7 OR #8. All applicants must satisfy and fill out requirement #9.

**7. If applicable, please provide the following information on your 18-24 month Allied Health Degree Program:
 Registry/Certificate/License number (examples: RN, RT, PT, LVN, CRT).**

Name of Program	Type of Program	Year completed	Registry/License Number	Verified by (Office Use Only)

8. If applicable, please provide the following information on your post-secondary education: 60 semester or 90 college credits required with a cumulative 2.75 minimum GPA).

List all colleges attended (most recent first)	Degree Earned	Major	Number of Units	GPA	Year completed / Graduation Date	Verified by (Office Use Only)

9. Required Coursework: Please provide prerequisite information.

Course work must be college level, completed and documented on an officially sealed transcript and consist of a minimum of 3 semester units or 4.5 quarter units with a grade of “C” or higher. KPSAHS will not accept separately mailed transcripts. **Do not list “in progress” courses.**

Course	Name of College	Course Number	Number of Units	Date Completed	Grade Received	Verified by (Office Use Only)
A. Human Anatomy with Lab*						
B. Human Physiology with Lab*						
C. Human Anatomy & Physiology with Lab* (Combined course)						
Intermediate Algebra						
General Physics**						
Written Communication (Comprehension/Composition)						
Oral Communication (Speech)						
Medical Terminology						

* Anatomy & Physiology must have a lab and cover all major body systems. Students must have completed #A and #B, or #C (combination course).
 ** Physics must cover heat, sound waves, light, and motion. Course work must be completed and documented on an officially sealed transcript, college level, a minimum of 3 semester units or 4.5 quarter units with a grade of “C” or higher.

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10. Suggested/Recommended Coursework: Please provide additional suggested course work.

Course work must be completed and documented on an officially sealed transcript, college level, a minimum of 3 semester units or 4.5 quarter units with a grade of "C" or higher. **Do not list "in progress" courses.**

Course	Name of College	Course Number	Number of Units	Date Completed	Grade Received	Verified by Office use only
Introduction to Computers						
Ethics						

11. Employment / Volunteer Work / Other Work History

A resume will not be accepted in place of information required on this form. Please include an additional page if necessary.

Current Employer		
Dates Employed From _____ To _____	Employer Name (Present or most recent) _____ _____	Your Job Title: _____ _____
Your Job Duties and Responsibilities _____ _____ _____		
Previous Employer / Volunteer Work		
Dates Employed From _____ To _____	Employer Name _____ _____	Your Job Title: _____ _____
Your Job Duties and Responsibilities _____ _____ _____		
Previous Employer / Volunteer Work		
Dates Employed From _____ To _____	Employer Name _____ _____	Your Job Title: _____ _____
Your Job Duties and Responsibilities _____ _____ _____		



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Non-Discrimination Policy: Kaiser Permanente is committed to upholding all federal and state laws that preclude discrimination on the basis of race, gender, age, religion, national origin, marital status, sexual orientation, disabilities or veteran's status.

I certify to the best of my knowledge the information provided in this application is accurate and complete. I understand that if this information or any other information upon which my admission is based is discovered to be inaccurate or incomplete, the school may rescind my admission. If admitted, I agree to abide by the school's policies including, but not limited to, those contained in the KPSAHS Catalog and this application. I acknowledge that all submitted official transcripts will become property of the school and will not be forwarded to another institution or returned to me.

Please check all that apply. I have currently or previously applied for the following KPSAHS Programs:

Check		Year(s)
	Radiography Day Program	
	Radiography Evening/Weekend Program	
	Diagnostic Medical Sonography Program – General	
	Diagnostic Medical Sonography Program – Cardiac	
	Radiation Therapy Program	
	Nuclear Medicine Program	

All applicants must sign and date application:

Signature

Date