

DIAGNOSTIC MEDICAL SONOGRAPHY-APPLICATION-PART I

**GATEWAY COMMUNITY COLLEGE
SELECTIVE ADMISSIONS OFFICE
108 N 40TH STREET / PHOENIX, AZ 85034-1704 / 602.286.8200**

Note: The responsibility for keeping the information with this form is the applicant's. All changes in the information provided below must be submitted to GateWay Community College immediately. Failure to maintain this information may result in forfeiture of place in program.

Applications can be submitted via e-mail at the following e-mail: selectiveadmissions@gatewaycc.edu. You can also submit your application in-person at the Enrollment Services front counter (IE building). Applications are only accepted after completion of all required classes (3.0 GPA or higher is required). If you have further questions, please contact the Advisement Department at advisor@gatewaycc.edu.

LEGAL NAME LAST		FIRST		MIDDLE	
ADDRESS STREET		CITY		STATE	ZIP
PHONE NUMBER HOME	PHONE NUMBER WORK		PHONE NUMBER CELL		
EMAIL ADDRESS					
				Are you a United States veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	
DATE OF APPLICATION	STUDENT ID NUMBER		**Attached a copy of DD214		

Please list all colleges or technical schools attended with the most recent first.

NAME OF INSTITUTION					
ADDRESS, CITY AND STATE					
DATE OF ENTRANCE			DATE OF LEAVING		
DIPLOMA OR DEGREE RECEIVED			COLLEGE MAJOR		

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ADDRESS, CITY AND STATE					
DATE OF ENTRANCE			DATE OF LEAVING		
DIPLOMA OR DEGREE RECEIVED			COLLEGE MAJOR		

CERTIFICATION:

I certify that the above answers are true, correct, and complete. I understand that any falsification or intentional misrepresentation of information on this application may be cause for dismissal from the Diagnostic Medical Sonography program and from the college.

Signature		Date
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WAIVER OF LICENSURE / CERTIFICATION DISCLAIMER

Your admission to the GateWay Community College Diagnostic Medical Sonography Program is not a guarantee that you will receive an Associate of Applied Science Degree in Diagnostic Medical Sonography from the College or a Certificate of Completion in Diagnostic Medical Sonography. Completion of the Diagnostic Medical Sonography Program is not the sole criterion for obtaining a license to practice. Licensing requirements are the exclusive responsibility of the student and the requirements are dictated by the American Registry of Diagnostic Medical Sonographers ARDMS, telephone number 1.800.541.9754, and you must satisfy those requirements independently of graduation requirements for the College.

I have read and understand the Admission Application Disclaimer.

SIGNATURE		DATE
STUDENT ID NUMBER		

This disclaimer will become a part of your permanent Diagnostic Medical Sonography record.

RELEASE OF INFORMATION

If accepted into the Diagnostic Medical Sonography Program, I allow the release of all information that is pertinent to me working in a clinical environment, **including but not limited to:** directory information, grades, performance records, drug test results, immunization records, email address and all email communications related to my training.

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Last Name _____

First Name _____

Student ID _____

Date _____

Formal application to the Diagnostic Medical Sonography program can be made upon completion of the program required prerequisite courses. Successful completion of the following college courses with a minimum cumulative grade point average (GPA) of 3.0. Applications without this Advisor Review form completed and signed by a Gateway Community College Healthcare Advisor will not be accepted.

Course	Course Title	Credits Required	College	Semester Completed or Enrolled	Grade
BIO160 + BIO201 + BIO202	Introduction to Human Anatomy and Physiology – Lecture/Lab (4) OR Human Anatomy and Physiology I (4) AND Human Anatomy and Physiology II (4)	4 – 8			
Students selecting BIO201 and BIO202 must complete the prerequisite courses BIO156 or BIO181.					
+ ENG101 + ENG107	First-Year Composition (3) OR First-Year Composition for ESL (3)	3			
MAT150 MAT151 MAT152	College Algebra/Functions (5) OR College Algebra/Functions (4) OR College Algebra/Functions (3) OR				
Any higher level algebra course		3 – 5			
+ PHY101 + PHY111	Introduction to Physics – Lecture/Lab (4.0) OR General Physics I – Lecture/Lab (4.0)	3 - 4			
		Completed Scores			
HESI Tests	Math				
	English				
	Anatomy and Physiology				

+ Indicates course has prerequisites and/or corequisites.

++ Indicates any modules/suffixed courses.

Student Signature _____

Student Name (printed) _____

Date _____

Adviser Signature _____

Adviser Name (printed) _____

Date _____



Allied Health and Nursing Programs
Maricopa County Community College District
Summary of Criminal Background Check Requirement

(Student Copy)

(Student: Sign and Attach to Application)

All allied health and nursing students who seek to enroll in MCCCDC healthcare programs must complete a Criminal Background Check. The outlined criteria have been created based on MCCCDC's largest clinical experience hospital partners. These partners have stringent background check standards that preclude MCCCDC from assigning students to their sites who cannot meet those standards. In order for MCCCDC students to be able to continue to complete clinical experiences at local hospitals, students must meet these standards.

For persons wishing to enroll in a Program the person must meet the following standards:

- Possession of a valid Arizona Department of Public Safety Level One Fingerprint Clearance Card. Students who currently possess a DPS Card that is another level will not be allowed entrance into a health care program. Students are required to pay the cost of obtaining this background check. If the Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or while enrolled in a MCCCDC healthcare program a student must notify the Program Director immediately and he or she will be removed from the Program. Please see the "Frequently Asked Questions" sheet for details regarding the DPS Card.
- Each student must provide documentation that he or she has completed and "passed" a MCCCDC-supplemental background check through the approved vendor **CastleBranch**. Students are required to pay the cost of obtaining this background check. Students whose background checks are more than six months old on the date of beginning a healthcare program must obtain an updated background check. Students who have been in a Program for more than 12 months may be requested to obtain an updated background check. Please see the attached "Frequently Asked Questions" sheet for more details regarding the MCCCDC supplemental-background check.
- The MCCCDC supplemental or the clinical agency background check may include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
- By virtue of the MCCCDC supplemental background check, students will be disqualified for admission to a program or continued enrollment in a program based on their criminal offenses, the inability to verify their Social Security number, or their being listed in an exclusionary database of a Federal Agency or on a sex offender registry. Offenses that will lead to a "fail" on the supplemental background check may include but are not limited to:
 - Social Security Search-Social Security number does not belong to applicant
 - Any inclusion on any registered sex offender database
 - Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
 - Any conviction of Felony no matter what the age of the conviction
 - Any warrant in any state

- Any misdemeanor conviction for the following-No matter age of crime
 - violent crimes
 - sex crime of any kind including non consensual sexual crimes and sexual assault
 - murder, attempted murder
 - abduction
 - assault
 - robbery
 - arson
 - extortion
 - burglary
 - pandering
 - any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
 - any abuse or neglect
 - any fraud
 - illegal drugs
 - aggravated DUI
 - Any misdemeanor controlled substance conviction last 7 years
 - Any other misdemeanor convictions within last 3 years
 - Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)
- At all times students are in a program they must maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on the MCCCCD supplemental background check performed by the MCCCCD-authorized vendor.
 - Admission requirements related to background checks are subject to change without notice.
 - Some clinical agencies may require additional components of a criminal background check, other than those required by MCCCCD, as well as a drug screening. Students are required to pay for any and all criminal background checks and drug screens required by a clinical agency to which they are assigned
 - Even though a student possesses a valid DPS Level One Fingerprint Clearance Card and has passed the MCCCCD supplemental background check, a clinical agency may decline to place a student due to information the clinical agency obtains in a background check it requires.
 - If a clinical agency to which a student has been assigned does not accept the student based on his or her criminal background check, the student may not be able to complete the program.
 - MCCCCD may, within its discretion, disclose to a clinical agency that a student has been rejected by another clinical agency.
 - MCCCCD has no obligation to make attempts to place a student when the reasons for lack of placement are criminal background check issues. Since clinical agency assignments are critical requirements for completion of the program, inability to complete required clinical experience due to a student's criminal background check will result in removal from the program.

Signature

Date

Printed Name

Student ID Number

Desired Health Care Program